

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081046 (1)
1. Corporation Name:

FANTASTIC PRODUCTS, INC.

AMENDMENT

Principal Place of Business:
2193 N.W. 20 ST
MIAMI, FL. 33142

Mailing Address:
2193 N.W. 20 ST.
MIAMI, FL. 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/95

4. FLE Number
65-0625529

Approved For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

JOSEF G LASER

82. Street Address (P.O. Box Number is Not Acceptable)

2193 N.W. 20TH ST.

83.

84. City MIAMI

FL

85. Zip Code
33142

2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ISRAEL V. SERBER
2193 N.W. S.W. 20 ST. SUITE 201
MIAMI, FL 33142

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE

JOSEF GLASER -PRESIDENT

6/10/98

12. OFFICERS AND DIRECTORS

1. TITLE P/S/T/D
NAME ISRAEL V. SERBER
STREET ADDRESS 2193 N.W. 20 ST.
CITY-STATE-ZIP MIAMI, FL. 33142

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1. TITLE P/S/T/D
NAME JOSEF GLASER
STREET ADDRESS 2193 N.W. 20 ST.
CITY-STATE-ZIP MIAMI, FL. 33142

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the registered agent of the corporation and I understand the obligations of Sections 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

JOSEF GLASER-PRESIDENT 6/10/98 (305) 545-0009

CR2E034 (10/97)