FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000087117 (4)**

1. Corporation Name

COMSTAT INC.

Principal Place of Business	Mailing Address
3530 MYSTIC POINTE DRIVE APT. 3215 MIAMI FL 33180	3530 MYSTIC POINTE DRIVE APT. 3215 MIAMI FL 33180

3. Date Incorporated or Qualified: 11/14/1995

3a. Date of Last Report: N/A

2. Principal Place of Business
21 2999 NE 191st St.
Suite, Apt. #, etc.
22 409
City & State
23 N. MIAMI BEACH, FL.
Zip 24 33180 Country 25 DADE

2a. Mailing Address
26 2999 NE 191st St.
Suite, Apt. #, etc.
27 409
City & State
28 N. MIAMI BEACH FL
Zip 29 33180 Country 30 DADE

4. FEI Number: 65-0639083 ☐ Applied 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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: VICTOR MATALON
82 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191st Str. 409
83
84 City: N. MIAMI BEACH, FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] VICTOR MATALON Pres. 6/19/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required where text stating) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MATALON, VICTOR		1.2 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DRIVE, APT. 3215		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MATALON, OLGA		2.2 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DRIVE, APT. 3215		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180		2.4 CITY-ST-ZIP	
TITLE	V. PRESIDENT	☐ DELETE	3.1 TITLE	☐ Change ☑ Addition
NAME	HERMAN DONNENFELD		3.2 NAME	
STREET ADDRESS	2800 ISLAND BLVD. 603		3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL. 33160		3.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	4.1 TITLE	☐ Change ☑ Addition
NAME	GARY BRAVERMAN		4.2 NAME	
STREET ADDRESS	322 WEST 57th ST. 24T		4.3 STREET ADDRESS	
CITY-ST-ZIP	N.Y. N.Y. 10019		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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 under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres. 6/19/96 (305) 9332700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #