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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🔒 Secretary of State

1996

DIVISION OF CORPORATIONS P95000089629 (6) DOCUMENT #

3049 N.E. 163RD STREET

NORTH MIAMI FL 33160

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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TREASURE ENTERPRISES, INC.

Country

Principal Place of Business	-		

Mailing Address

2a. Mailing Address

City & State

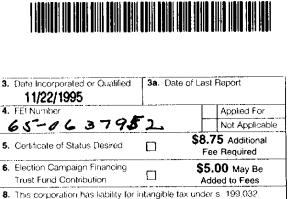
Suite, Apt. #, etc.

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3049 N.E. 163RD STREET NORTH MIAMI FL 33160



☐ Yes ☐ No

25	29	30	Florida Statutes Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
SREDNI, ISAAC			81 Name NAMCY B2 Street Address (P.O. Box Number is Not Acceptable)
3049 N.E. 163RD STREET		ŀ	8049 NE 163 ST
NORTH MIAMI FL 33160		į	

	NANCY	WAITE		
82	Street Address (P.O. Bo	x Number is Not Accept	able)	
	8049 NE	163 J	` <u></u>	
83				
84	City		6 5	Zip Code 33/6 6
i	N.MIAMI	BEACH	TL	33/60

Florida Statutes

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. Thereby accept the appointment as registered agent. Familiar with, and a cept the obligations of, Section 607,0502, Florida Statutes.						
SIGNATURE .	Signature Typicd or printer in nary of registered agent and their tailing		TNCY (icanod when renshing) 7.6	18/96	
12.	OFFICERS AND DIRECTO	ORS .	13.	ADDITIONS/CHANGES TO OFFICERS		
THILE	D	☐ DELETE	1 1 TITLE		Change Addition	
NAME	SREDNI, ISAAC		1.2 NAMÉ			
STREET ADDRESS	3049 N.E. 163RD STREET		13 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33160		1.4 CITY - SF - 7iP			
TITLE		DEFELE	2 1 TULE	VP	Change Addition	
NAME			2.2 NAME	SREDNI MIRIAM		
STREET ADDRESS			23 STREET ADDRESS	SREDNI MIRIAM		
CITY - SI - ZIP			2 4 CITY - ST - ZIP	N.MIAMI BOH, F		
Title		DELETÉ	3 1 TULE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CiTY+ST+ZIP			
TITLE		DELETE.	4 1 TITLE		Change 🔲 Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME		\mathcal{M}_{α}	
STREET ADDRESS			5.3 STREET ADDRESS		100 IN	
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP			
TITLE		☐ DELETE	6 1 TITLE		Change Addition	
NAME			6.2 NAME		<i>2</i> /	

Country

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14. I do hereby certify that the information supplied with this filiper's voluntarily furnished and does not qualify for the exemption stated in Section 119.07(s)(k), Florida Statutes. I furnier 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 cath; that I am an officer or director of the continuation or the receiver or trusteer provided to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or en an attachment with an address.

6.3 STREET ADDRESS

6.4 CHY ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (12/95)