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CORPORATION ANNUAL REPORT



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

1996

P95000095041 (6)

DOCUMENT # Corporation Name BUSUTIL IMPRESSIONS, INC. Principal Place of Business Mailing Address 1421 PONCE DE LEON 1421 PONCE DE LEON FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 12/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0645270 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing City & State \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{\rm ID}$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032. 24 25 29 30 Floriga Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MITTELBERG, BARRY 82 Street Address (P.O. Box Number is Not Acceptable) 6208 W. COMMERCIAL BLVD. SUITE 2 83 FT. LAUDERDALE FL 33319 84 City Zip Code 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and tire a applicable (NOTE: Registered Agent suprano (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD DELETE THILE 1 1mc Change Addition MARTIN-BUSUTIL, BRIDGET NAME 1.2 NAME CR2E034 1421 PONCE DE LEON STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZiP 1.4 CHY - ST - ZIP TITLE DELETE 2 1 Trice Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CITY - ST - ZIF THILE DELETE 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-7IP DELETE 4 1 THUE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4 4 CITY - ST - 7IF TITLE DELETE 5 1 THE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CHTY - ST - ZIP THLE DEL ETE 6 1 TITLE [] Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY ST- ZIP 6.4 Cily - S1 - ZiP 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)(k), 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 13 if changed, or an attachment with an address

SIGNATURE

B. MAATIN-BUSUTIL 3/27/96 954-467-2120