SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000096980 (4)

H. GOLDBERG ENTERPRISES, INC.

C/O GEORGE GOLDBERG. ESO 757 NW 27TH AVE MIAMI FL 33125

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

C/O GEORGE GOLDBERG. ESO. 757 NW 27TH AVE

2a. Mailing Address

Suite, Apl. #, etc

26

27

MIAMI FL 33125

APPROVED AND FILED

1996 SEP -6 AM 8: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 4	Country 25	Ζφ 29	30 Cou	ntry	8. This corporation has liability for Florida Statutes	r intangible ta	ax under s. 199.032, No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
12 SU	ie prentice-hall corpoi 01 hays street NTE 105 Llahassee FL 32301	ration system, Inc.			Teorge Goldler tress (RB Box Number is Not Accept 1667 Junkern Ventury, FL	1 WA	7 # 15-6	

.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

office or registered agent or both, in the State of Ffordal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607,0509, Ffordal Statutes.							
SIGNATURE							
	Signature, typed or printed minuse of registered agoni and tipe if applicable. (NOTE B	<i></i>					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	President / DELETE	11 TIFLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OF Change Addition				
NAME	Claudia Goldberg	1.2 NAME					
STREET ADDRESS	20 Sheward Rd	13 STREET ADDRESS					
C/TY-SI-ZIP	Rouna Ridge 15 10576	14 CITY ST-ZIP	Channe Adming C				
TITLE	Claudia Goldberg 20 Sherwood PC 10576 Secretary	2.1 TillE	Change Addition O				
. NAME	Evan Goldberg	2.2 NAME					
STREET ADORESS	Evan Goldberg 2017 Stuyvesant ave Merrick, NY 11566	2 3 STREET ADDRESS					
CITY-ST-ZIP	Merrick, NY 11566	2 4 CITY - S1 - ZIP					
TITLE	DELETE	3.1 TiTLE	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 TIILE	Change Addition				
NAME		5 2 NAMÉ					
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	all we				
STREET ADDRESS		6 3 STREET ADDRESS	Man				
CITY-ST-ZIP		6 4 CITY - ST - ZIP	W.,				
I 14. Ido hereh	by certify that the information supplied with this fluor is voluntarily furnis	had and door not a	with for the exponential states at Cost in 110 07/2/// Classic Ct-Lass I				

further certify that the information indipendent with this image is voluntarily 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE: