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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P96000004040 (7)

1. Corporation Name
SBH SPECIALTIES, INC.

Principal Place of Business	Mailing Address
1331 SOUTH 30TH AVENUE HOLLYWOOD FL 33020	1331 SOUTH 30TH AVENUE HOLLYWOOD FL 33020-5633

3. Date Incorporated or Qualified: 01/10/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3475 Sheridan St.	26 3475 Sheridan St.
Suite, Apt. #, etc. 22 301	Suite, Apt. #, etc. 27 301
City & State 23 Hollywood FL	City & State 28 Hollywood FL
Zip / Country 24 33021 / 25 USA	Zip / Country 29 33021 / 30 USA

4. FEI Number: 65-0641468 ☐ 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	10. Name and Address of New Registered Agent
DINER, MANUEL 141 N.E. 3RD AVENUE SUITE 601 MIAMI FL 33132	81 Name: Howard Weiser 82 Street Address (P.O. Box Number is Not Acceptable): 8632 NW 54TH ST 83 84 City: Coral Springs FL 85 Zip Code: 33067

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: _____ Howard Weiser 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, SAMUEL J 17077 N.W. 16TH STREET PEMBROKE PINES FL 33028 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DVST Simon, Samuel J. 17077 NW 16TH ST Pembroke Pines FL 33028 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINBERG, BARRY M 4410 N.W. 36TH STREET FT. LAUDERDALE LAKES FL 33319 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV Weinberg, Barry M. 3320 Pinecrest Dr. North #1117 Margate FL 33063 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISER, HOWARD 8632 N.W. 54TH STREET CORAL SPRINGS FL 33067 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DP Weiser, Howard 8632 NW 54TH ST Coral Springs FL 33067 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Seijas, Jose 7875 NW 12TH ST #104 Miami FL 33126 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ Howard Weiser 4/25/97