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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 # **P96000088642 (9)**

1. Corporation Name
CRUL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2812 NW 35 ST. **MIAMI FL 33142**	**2812 NW 35 ST.** **MIAMI FL 33142-5269**

3. Date Incorporated or Qualified: **10/28/1996** | 3a. Date of Last Report:

2. Principal Place of Business
21 ~~5801 BISCAYNE BLVD~~

Suite, Apt. #, etc.
22

City & State
23 ~~MIAMI FL~~

Zip / Country
24 ~~33137~~ / 25 ~~U.S.~~

2a. Mailing Address
26 5801 BISCAYNE BLVD

Suite, Apt. #, etc.
27

City & State
28 MIAMI, FL

Zip / Country
29 33137 / 30 U.S.

4. FEI Number: 65-0708354 ☐ 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

FISHMAN, JACOB
1385 NW 15TH ST.
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: BARRY WASSERSTROM
82 Street Address (P.O. Box Number is Not Acceptable): 5801 Biscayne Blvd
83
84 City: MIAMI **FL** 85 Zip Code: 33137

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: Barry Wasserstrom (signature or typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 2/20/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P PALINSKY, ILYA 2812 NW 35 ST. MIAMI FL 33142	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/D Syzmon Trojecki 2812 NW 35 ST MIAMI FL 33142	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/D Linda Steinberg 2812 NW 35 ST MIAMI FL 33142	☐ 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		☐ 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: ✓ [illegible] Palinsky REQUIRED ✓ 4/7/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D196252