FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

CITY - \$1 - 769

appears in Block 12 or Block

SIGNATURE:

DOCUMENT # P96000101442 (7)

DEXTER EDUCATIONAL TOYS, INC.

2750 NORTHEAST 183 STREET, APT, 810 2750 NORTHEAST 183 STREET, APT. 810 N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160-2119 3. Date incorporated or Qualified 3a. Date of Last Report 12/16/1996 2. Principal Piace of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAHN, DONALD J 317 71 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141 R3 City Zip Code 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature: typed or proted name of registered agent and ticc if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE SILVERSTEIN, BERNARD NAME 1.2 NAME 2750 NORTHEAST 183 STREET, APT. 810 1.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33160 1.4 CITY-\$1-7(P CITY ST-7IP DVST DELETE Change Addition TITLE 2.1 TITLE SILVERSTEIN, GENNY NAM 2.2 NAME 2750 NORTHEAST 183 STREET, APT. 810 STREET AUDRESS 2.3 STREET ADDRESS N. MIAMI BEACH FL 33160 OILY: \$1-74 2 4 CITY - ST-ZIP DELETE Change Addition 1010 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS City-\$t-7P 3 4. CITY - ST - ZIP DELETE Change Addition TIQLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZP DELETE Change Addition THILE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ___ Addition 6 1 TITLE THE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 City-St-ZIP

Gernard Selverstein

FILED Feb 24 1997 8:00am Secretary of State



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 supportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name February 5, 1997 (305) 931-7426