FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 26 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13704 (9)

1. Corporation Name
SKABATS, INC.

Principal Place of Business	Mailing Address
17070 COLLINS AVE SUITE 253 MIAMI BEACH FL 33160	17070 COLLINS AVE SUITE 253 MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1990
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21 2500 E HALLANDALE BCH BLVD
22 Suite, Apt. #, etc. STOREFRONT "Y"
23 City & State HALLANDALE, FL
24 Zip 33009 25 Country BRWD

2a. Mailing Address 2500 EAST BLVD HALLANDALE BCH BLVD
27 Suite, Apt. #, etc. STOREFRONT "Y"
28 City & State HALLANDALE, FLA
29 Zip 33009 30 Country BRWD

4. FEI Number: 65-0228467 ☐ 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

KALISHMAN, STUART
17070 COLLINS AVE SUITE 253
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2500 E. HALLANDALE BCH BLVD
83 STOREFRONT "Y"
84 City HALLANDALE FL 85 Zip Code 33009

11. Pursuant to the provisions of Section 607.0501 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: Stuart Kalishman STUART KALISHMAN 1-19-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	KALISHMAN, STUART	1.2 NAME	
STREET ADDRESS	17070 COLLINS AVE #253	1.3 STREET ADDRESS	2500 E. HALLANDALE BCH BLVD #"Y"
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	KALISHMAN, STUART	2.2 NAME	
STREET ADDRESS	17070 COLLINS AVE #253	2.3 STREET ADDRESS	2500 E. HALLANDALE BCH BLVD #"Y"
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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 added, above with an address.

SIGNATURE: Stuart Kalishman STUART KALISHMAN 1-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE

Daytime Phone # 305 947-7707

0172250 CP