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Apr 24 1997 8:00am
Secretary of State

*PROFIT
CORPORATION
*ANNUAL REPORT
1997

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

DOCUMENT # S13704(9)

1. Corporation Name
SKABATS, INC.

Principal Place of Business	Mailing Address
17395 No. Bay Road #206 Miami Beach, FLA 33160	C/o Stuart Kalishman C.P.A 17395 No. Bay Road Suite # 206 Miami Beach, FLA 33160

3. Date Incorporated or Qualified: 11-16-1990	3a. Date of Last Report: 1996
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	

2. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27
City & State 3	City & State 28
Zip 4 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KALISHMAN, STUART.
17395 No. Bay Road
Suite #206
Miami Beach, Florida 33160

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KALISHMAN STUART	1.2 NAME	
STREET ADDRESS	17395 No Bay Road #206	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Florida 33160	1.4 CITY-ST-ZIP	
TITLE	S/T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KALISHMAN STUART	2.2 NAME	
STREET ADDRESS	17395 No Bay Road #206	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Florida 33160	2.4 CITY-ST-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 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stuart Kalishman C.P.A. PRES 4-17-97 (305) 935-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STUART KALISHMAN