SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:20

DOCUMENT # **S18704** **(4)**

1. Corporation Name
BUCHAREST, INC.

Principal Place of Business	Mailing Address
2780 NE 187TH STREET NORTH MIAMI BEACH FL 33180	2780 NE 187TH STREET NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1990
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business
21 7240 W. MOON CIRCLE
22 Suite, Apt. #, etc.
23 City & State: MIAMI LAKES FLA
24 Zip: 33014 25 County:

2a. Mailing Address
26 7240 W. MOON CIRCLE
27 Suite, Apt. #, etc.
28 City & State: MIAMI LAKES FLA
29 Zip: 33014 30 County:

4. FEI Number: 65-0234713 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIND, LUCIAN
2780 N.E. 187TH STREET
N. MIAMI BCH. FL 33180

10. Name and Address of New Registered Agent

81 Name: LUCIAN RIND
82 Street Address (P.O. Box Number is Not Acceptable): 7240 W. MOON CIRCLE
83
84 City: MIAMI LAKES FL 85 Zip Code: 33014

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, OR DELETIONS		
TITLE	PSD	11 TITLE		☑ Change ☐ Addition
NAME	RIND, LUCIAN	12 NAME		
STREET ADDRESS	2780 N.E. 187TH STREET	13 STREET ADDRESS	7240 W. MOON CIRCLE	
CITY-ST-ZIP	N. MIAMI BEACH FL	14 CITY-ST-ZIP	MIAMI LAKES FLA. 33014	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 on an attachment with an address.

SIGNATURE: Lucian Rind pres 6/14/95 305-556-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043014 CP