

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER WATKINS
TALLAHASSEE, FLORIDA 32399-0001

FILED
STATE OF FLORIDA
DEPARTMENT OF CORPORATIONS

DOCUMENT # **S21425**

(1)

55 MAY -1 PM 1:56

ASTONISH PRODUCTS INC.

2 S. BISCAYNE BLVD.
STE. 3780
MIAMI FL 33131

2 S. BISCAYNE BLVD.
STE. 3780
MIAMI FL 33131

FOR FILING IN THE FRONT SPACE

3. Date of Report (Required in Quarterly)	38. Date of Last Report
12/28/1990	03/08/1994
4. Filing Number	Applied For Not Applicable
65-0235649	
5. Certificate of Status: Dissolved	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
8. Does corporation have liability for intangible taxes under S. 218.01, F.S.?	☐ Yes ☒ No

2. Name of Corporation	2a. Mailed Address
21. State of Incorporation	26. State of Incorporation
22. City	27. City
23. County	28. County
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

MALLOY, DOWNEY & MALLOY, P.A.
2 SOUTH BISCAYNE BLVD. #3760
ONE BISCAYNE TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 218.01, 218.02 and 218.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address of agent or agents in the State of Florida. Such change was submitted to the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and accept the obligations of Sections 218.01, 218.02 and 218.03, Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent

Signature of Agent or Registered Agent

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS												
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REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 218.01, 218.02, Florida Statutes. I further certify that the information included on this report or supplementally general 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 have been designated to receive the report as required by Chapter 218, Florida Statutes, and that my name appears in Block 1 on Block 1 of change form on an attachment with an address.

SIGNATURE: ALAN MOSS 3.9.95 609 753 7078
as per conversation Nancy Perez 5-15-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR