SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $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

APPROVED AND FILED

95 JUL 26 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S46113** **(4)**

1. Entity Name

ALL-SERVICE VENDING, INC.

Principal Place of Business	Mailing Address
20112 NW 57TH PLACE MIAMI LAKES FL 33015	20112 NW 57TH PLACE MIAMI LAKES FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/15/1991**	3a. Date of Last Report: **05/24/1994**
4. FEI Number: **65-0261853**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. [illegible] ☐	**$5.00** May Be Added to Fees

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SINGER, JOSEPH K. 201 NORTH UNIVERSITY DR. SUITE 114 PLANTATION FL 33324	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: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. Amendment(s) (Attach additional sheet(s) if necessary)
11 Title	D	11 Title ☐ Change ☐ Addition
12 Name	REID, MARIO	12 Name 800001548128
13 Street Address	20112 NW 57TH PLACE	13 Street Address -07/27/95--01084--014
14 City-St-Zip	MIAMI LAKES FL	14 City-St-Zip ****225.00 ****225.00
21 Title	D	21 Title ☐ Change ☐ Addition
22 Name	REID, SAMUEL	22 Name
23 Street Address	20112 NW 57TH PLACE	23 Street Address
24 City-St-Zip	MIAMI LAKES FL	24 City-St-Zip
31 Title	D	31 Title ☐ Change ☐ Addition
32 Name	REID, RICARDO	32 Name
33 Street Address	20112 NW 57TH PLACE	33 Street Address
34 City-St-Zip	MIAMI LAKES FL	34 City-St-Zip
41 Title		41 Title ☐ Change ☐ Addition
42 Name		42 Name
43 Street Address		43 Street Address
44 City-St-Zip		44 City-St-Zip
51 Title		51 Title ☐ Change ☐ Addition
52 Name		52 Name
53 Street Address		53 Street Address 7/26/95 MS
54 City-St-Zip		54 City-St-Zip
61 Title		61 Title ☐ Change ☐ Addition
62 Name		62 Name
63 Street Address		63 Street Address
64 City-St-Zip		64 City-St-Zip

CR2E034 (3/95)

14. I/We hereby certify that the information supplied with this filing is accurate 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 above, or on an attachment with an address.

SIGNATURE: [illegible] Mario Reid 7-16-95 (305) 624-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020748 CP