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 JUL 24 AM 8:13

DOCUMENT # S71984 (6)

1. Corporation Name

ELLMAR DESIGNS INC.

Principal Place of Business	Mailing Address
7161 SW 117 AVE MIAMI FL 33183	7161 SW 117 AVE MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1991
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business: 21 499 E. SHERIDAN ST.
Suite, Apt. #, etc.: 22 #305
City & State: 23 DANIA, FL
Zip: 24 33004 Country: 25 USA

2a. Mailing Address: 26 499 E. SHERIDAN ST.
Suite, Apt. #, etc.: 27 #305
City & State: 28 DANIA, FL
Zip: 29 33004 Country: 30 USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. [illegible] ☐ $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

WEISSMARK, ELLIOT
7161 SW 117TH AVE #1
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name: Elliot Weissmark
82 Street Address (P.O. Box Number is Not Acceptable): 499 E. SHERIDAN ST. #305
83
84 City: DANIA FL 85 Zip Code: 33004

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 [signature] [signature] 5/27/95

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEISSMARK, ELLIOT
STREET ADDRESS	7161 SW 117TH AVE #1
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

		Change	Addition
11 TITLE		☐	☐
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		☐	☐
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		☐	☐
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		☐	☐
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		☐	☐
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐	☐
62 NAME			
63 STREET ADDRESS			
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/27/95 (305) 922-2882

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

0064526 CP