FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V18682 (7)

1. Corporation Name
STRIKE-A-POSE, INC.

Principal Place of Business: P.O. BOX 557374, MIAMI FL 33255

Mailing Address: PO BOX 557374, MIAMI FL 33255, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address: 1301 N.W. 187 AVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State: PEMBROKE PINES, FL
Zip / Country	Zip: 33029 / Country: U.S.A.

3. Date Incorporated or Qualified: 03/04/1992
3a. Date of Last Report: 02/10/1994
4. FEI Number: 65-0316444 — ☐ 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

9. Name and Address of Current Registered Agent

MARTINEZ-RUBIO, RICHARDO
1301 N.W. 187 AVE.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARTINEZ-RUBIO, RICHARDO
STREET ADDRESS	PO BOX 557374
CITY ST ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	V/T/S	☑ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	1301 N.W. 187 AVE.	
1 4 CITY ST ZIP	PEMBROKE PINES, FL 33029	

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: [signature] RICARDO MARTINEZ-RUBIO — 1/11/95 — 305-557-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431656 FP