LAZARUS 2201440 P.01

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V 18682

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

Principal Place of Business
1301 N.W. 187 AVE
PEMBROKE PINES, FL 33029

Mailing Address
1301 N.W. 187 AVE
PEMBROKE PINES, FL 33029

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 3/4/92
3a. Date of Last Report: 5/1/95
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, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
RICARDO MARTINEZ-AVATO
1301 NW 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P,T,S.	☐ DELETE
NAME	RICARDO MARTINEZ-AVATO	
STREET ADDRESS	1301 N.W. 187 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1-1 TITLE		☐ Change ☐ Add
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE	VP	☐ Change ☒ Add
2-2 NAME	ROBERT FALWES	
2-3 STREET ADDRESS	1301 NW 187 AVE	
2-4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
3-1 TITLE		☐ Change ☐ Add
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE	800001807879 -05/06/96--01008--029 ***200.00	☐ Change ☐ Add
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Add
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Add
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

5/1/96

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: ______ ROBERT FALWES VP 4/16/96 305-557-3500