

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR -7 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: **A + S SALES INC**
DOCUMENT #: **V35956**

Mailing Address: **2665 So. Bay Shore Dr. Suite 202 COCONUT GROVE, FL 33133**
Principal Place of Business: **2665 So. Bay Shore Dr. Suite 202 COCONUT GROVE, FL 33133**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		5/14/92		4/27/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FE Number		Applied For	
22		27		11-3122947		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
23		28		58.75		Not Applicable	
Zip		Country		7. Nonprofit Exempt from \$138.75 Supplemental Fee		\$5.00 May Be Added to Fees	
24		25		29		30	
Country		Country		8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes		Yes ☐ No ☐	

9. Name and Address of Current Registered Agent

WOHL, MICHAEL D., ESQ.
2665 So. Bay Shore Dr.
Suite 202
COCONUT GROVE, FL 33133

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	PRM Director	HOLLAND, SAMANTHA	8 PASADENA RD				
		BRONXVILLE NY 10708					
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	U.P. Secy TREAS. Director	HOLLAND, ABBY	8 PASADENA RD.				
		BRONXVILLE NY 10708					
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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***200.00 *** 700.00

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowering to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Abby Holland** **9/4 761 8531**
SIGNATURE AND NAME OR PRINTED NAME OF SIGNER OFFICIAL UN DESIGNED
Date