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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 JUN 12 PM 0:25

DOCUMENT # V56972 (5)

1. Corporation Name

E.Y.G.R., INC.

Principal Place of Business	Mailing Address
1827 NE 4 CT. NORTH MIAMI BCH FL 33162 US	~~1931 NE 186TH DR. NORTH MIAMI BCH FL 33179 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1992	3a. Date of Last Report: 02/16/1994
4. FEI Number: 65-0355251	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 18257 NE 4 CT.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28 N. Miami Beach, FL
Zip 24 / County 25	Zip 29 33162 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERGAS, BENJAMIN 18257 NE 4 CT. N. MIAMI BCH. FL 33162	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BENJAMIN, ERGAS	12 NAME	
STREET ADDRESS	18257 NE 4 CT.	13 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BCH. FL 33162	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	ERGAS, BETH	22 NAME	
STREET ADDRESS	18257 NE 4 CT.	23 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BCH. FL 33162	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	ERGAS, ELIAS	32 NAME	
STREET ADDRESS	7300 WAYNE AVE. APT. 402	33 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH. FL 33141	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 the 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: Benjamin Ergas. Jun 6/95 305 770 0203
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

01V56972 CP