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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 APR 13 PM 1:53

DOCUMENT # 240896 (1)

1. Corporation Name
SOUTH MIAMI WASH-BOWL INC

Principal Place of Business	Mailing Address
522 SAN ESTEBAN AVENUE CORAL GABLES, L 33146	522 SAN ESTEBAN AVENUE CORAL GABLES, L 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1960
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 768 NW 3ST
Suite, Apt. #, etc.
22 MIAMI, FL
City & State
23 MIAMI, FL
Zip 24 33128 County 25 U.S.A.

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

4. FEI Number: 05-9094533 ☐ 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

TALAMAS,JOHN
545 ZAMORA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

91 Name: SAME
92 Street Address (P.O. Box Number is Not Acceptable): 522 SAN ESTEBAN AV
93
94 City: CORAL GABLES FL 95 Zip Code: 33146

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] President 4/3/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	TALAMAS, WILLIAM J.	12 NAME	
STREET ADDRESS	545 ZAMORA AVE.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	PRESIDENT-SAME ☒ Change ☐ Addition
NAME	TALAMAS, JOHN	22 NAME	TALAMAS, JOHN
STREET ADDRESS	545 ZAMORA AVE.	23 STREET ADDRESS	522 SAN ESTEBAN AV.
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	CORAL GABLES, FL 33146
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TALAMAS,JULIA	32 NAME	
STREET ADDRESS	545 ZAMORA AVE.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: [signature] John TALAMAS 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date

305-661-8050

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