

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

03 MAY 11 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F14786**

(0)

1. Corporation Name

IZA AND SONS, INC.

Principal Place of Business

**117 NE 1ST AVE
SUITE 817
MIAMI FL 33132**

Mailing Address

**117 NE 1ST AVE
SUITE 817
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/13/1981

3a. Date of Last Report
07/26/1994

4. FEI Number
13-3122443

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 interjurisdictional taxes under S. 100.031,
Florida Statutes ☐ Yes ☒ No

2. General Place of Business

21

2a. Mailing Address

25

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

23. City & State

23

28. City & State

28

24. County

24

25. County

25

29. Zip

29

30. County

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

11

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, STATE, ZIP

37. NAME

38. STREET ADDRESS

39. CITY, STATE, ZIP

40. NAME

41. STREET ADDRESS

42. CITY, STATE, ZIP

43. NAME

44. STREET ADDRESS

45. CITY, STATE, ZIP

46. NAME

47. STREET ADDRESS

48. CITY, STATE, ZIP

49. NAME

50. STREET ADDRESS

51. CITY, STATE, ZIP

52. NAME

53. STREET ADDRESS

54. CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(c), 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE IZA

5-8-95 (305)374-2569