

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$355)**

NONPROFIT CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 31 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO4744 (1)

1. Corporation Name
REGIS HOUSE, INC.

Principal Place of Business Mailing Address
2010 N.W. 7TH STREET MIAMI FL 33125 US
P.O. BOX 441744 MIAMI FL 33144-1744 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/17/1984** 3a. Date of Last Report **04/01/1994**
4. FEI Number **59-2446131** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 2010 N.W. 7th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 Miami, FLORIDA
Zip Country Zip Country
24 33125 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PEREZ-LERENA, FRANCISCO S.J.
13339 SW 9TH TERR.
MIAMI FL 33184**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 Zip Code**

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PEREZ-LERENA S. J. , FRANCISCO
STREET ADDRESS	13339 SW 9TH TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	VSD
NAME	CORTADA, XAVIER
STREET ADDRESS	3821 SW 3RD AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SUAREZ-BURGOS, MARCO A.
STREET ADDRESS	200 S.W. 30TH ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	GONZALEZ-LEARRA, FRANCISCO
STREET ADDRESS	1420 S BAYSHORE DR APT 908
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ARRUZA, GUILLERMO
STREET ADDRESS	421 AURELIA AVENUE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	SALAZAR, MARIA TERESA
STREET ADDRESS	901 HARDEE RD.
CITY - ST - ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ **7/21/95 (305) 642-7600**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT This Historical Filing #

CR2E037 (395)