

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018544 (5)

1. Corporation Name
2080 GRIFFIN ROAD INC.

Principal Place of Business

**2080 W. GRIFFIN RD.
DAMA FL 33312**

Mailing Address

**1150 W. FOWLER ST-2B
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/11/1993** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0393712** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75** 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. 193.032, Florida Statutes Yes No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1150 N.W. 72nd Ave.

Suite 307

Miami, Fl.

33126

USA

2b. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0393712

5. Certificate of Status Desired

\$6.75 Additional Fee Required

\$5.00 May Be Added to Fees

Yes No

9. Name and Address of Current Registered Agent

**QUINTANA, BEATRIZ
10650 S.W. 76TH AVE.
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT**
NAME **QUINTANA, BEATRIZ**
STREET ADDRESS **10650 S.W. 76TH AVE.**
CITY - ST - ZIP **MIAMI FL 33156**

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE Change 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)(b), Florida Statutes. I further certify that the information included 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, checked, or on an attachment with an address.

SIGNATURE: *Beatriz Quintana* **Beatriz Quintana** 4/1/95 962-2777
DATE: 4/1/95
CITY: Miami