

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

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 MAY 26 AM 8:29

DOCUMENT # **S77344** (7)

1. Corporation Name

BUSCHE REPORTING SERVICES, INC.

Principal Place of Business

12262 S.W. 50TH STREET
COOPER CITY FL 33330

Mailing Address

12262 S.W. 50TH STREET
COOPER CITY FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1991

3a. Date of Last Report

06/16/1994

4. FEI Number

65-0287591

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

7. This corporation has liability for intangible tax under s. 198.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUSCHE, MARIANNA C. ← incorrect spelling
BUSCHE, MARIANA
COOPER CITY FL 33330

10. Name and Address of New Registered Agent

81 Name Mariana C. Busche
82 Street Address (P.O. Box Number is Not Acceptable)
3531 NE 170th Street, #301
83
84 City N Miami Beach FL 85 Zip Code 33160

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

Mariana C. Busche

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

(NOTE: Registered Agent Signature Required when Submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BUSCHE, MARIANA
STREET ADDRESS	1959 NE 180 ST
CITY ST ZIP	N MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	☒ Change ☐ Addition
12 NAME	Mariana C. Busche	
13 STREET ADDRESS	3531 NE 170th St, #301	
14 CITY ST ZIP	N.M.B., FL 33160	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mariana C. Busche / Mariana C. Busche

(Signature and typed or printed name of signing officer or director)

Date

(System Name)

9/4/95