

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****DOCUMENT # 232050 (5)**

1. Corporation Name

GATORS OF MIAMI, INC.

Principal Place of Business

**P O BOX 55 7241
5500 NW 74 AVE.
MIAMI FL 33166-4212**

Mailing Address

**P O BOX 55 7241
5500 NW 74 AVE.
MIAMI FL 33166-4212**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1960

3a. Date of Last Report

03/28/1994

4. FEI Number

59-0897070

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

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip**25** Country

2a. Mailing Address

26 P.O. BOX 55-7241

Suite, Apt. #, etc.

27 City & State**28** MIAMI, FL.**29** Zip**30** 33255-7241

Country

9. Name and Address of Current Registered Agent

**PARE, A
5500 NW 74 AVE.
MIAMI FL 33155**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PARE, A A
STREET ADDRESS 5500 NW 74 AVENUE
CITY-ST-ZIP MIAMI FL**TITLE** D
NAME PARE, BETTY J
STREET ADDRESS 5500 NW 74 AVENUE
CITY-ST-ZIP MIAMI 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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition**2.1** TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition**3.1** TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition**4.1** TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition**5.1** TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition**6.1** TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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)(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:

A. A. PARE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**MARCH 7, 1995**
Date**305-592-3780**
Telephone Number