SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 30 AM 9:47

DOCUMENT # **407731** **(9)**

1. Corporation Name

1621 DOUGLAS, INC.

Principal Place of Business	Mailing Address
1621 S.W. 37TH AVENUE MIAMI FL 33145	1621 S.W. 37TH AVENUE MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1972**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1414724**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. [illegible] ☐	**$5.00** May Be Added to Fees

2. Principal Place of Business: 21 / Suite, Apt. #, etc.: 22 / City & State: 23 / Zip: 24 / County: 25

2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / Zip: 29 / Country: 30

8. [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SOBODA, JEFFREY
1621 S.W. 37TH AVENUE
MIAMI FL 33145

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 Section(s) 607.1602 and/or 607.1608, 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(s) 607.1602, Florida Statutes.

SIGNATURE: [illegible] DATE

12. OFFICERS AND DIRECTORS

13.

Title: P Name: SOBODA,JEFFREY Street Address: 1621 S.W. 37TH AVENUE City, St, Zip: MIAMI FL		☐ Change ☐ Addition
Title: D Name: OMARA, JOHN Street Address: 1621 S.W. 37TH AVENUE City, St, Zip: MIAMI FL		☐ Change ☐ Addition
Title: Name: Street Address: City, St, Zip:		☐ Change ☐ Addition
Title: Name: Street Address: City, St, Zip:		☐ Change ☐ Addition
Title: Name: Street Address: City, St, Zip:		☐ Change ☐ Addition
Title: Name: Street Address: 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 exemptions stated in Section 119.07(3)(i), 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] Jeffrey E. Soboda 6.26.95 (305) 443-0873
SIGNATURE OF OFFICER OR DIRECTOR — PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/95)

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