

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 7:39

DOCUMENT # 515433

(1)

1. Corporation Name

FLEXINI OF MIAMI, INC.

Principal Place of Business

**10 NW 2ND ST.
MIAMI FL 33128**

Mailing Address

**10 NW 2ND ST.
MIAMI FL 33128**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1976

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1708013

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORFINKEL, NESTOR B., ESQ.
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GORFINKEL, LEON
STREET ADDRESS	10 NW 2ND ST
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	VD
NAME	CHAILOSKY, MIGUEL
STREET ADDRESS	10 NW 2ND ST
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	SD
NAME	SAPOZNIK, MARIO
STREET ADDRESS	10 NW 2ND ST
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	TD
NAME	GORFINKEL, JULIUS H
STREET ADDRESS	10 NW 2ND ST
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	D
NAME	SAPOZNIK, LAZARO
STREET ADDRESS	10 NW 2ND ST
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	D
NAME	GORFINKEL, MARCOS
STREET ADDRESS	10 NW 2ND STREET
CITY, ST, ZIP	MIAMI, FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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)(g), 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 custodian 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95

(305) 371-3309