

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Office of Corporations

APPROVED
AND
FILED

DOCUMENT # 637672

(7)

2011 03 14 10:15

THE SIDNEY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**13930 NW 60TH AVENUE
MIAMI LAKES FL 33014**

Mailing Address

**13930 NW 60TH AVENUE
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
09/27/1979

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21. Suite, Apt. # etc.

22. City & State

23. City & State

24. City & State

2a. Mailing Address

26. Suite, Apt. # etc.

27. City & State

28. City & State

29. City & State

30. City & State

4. FET Number
59-1946221

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. 199.042,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, MYLES
2877 N.E. 191 ST. STE. 703
MIAMI FL 33180**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(8), Florida Statutes, the above named corporation submits the 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 607.15(8), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Current Registered Agent)

(Signature of Registered Agent or Current Registered Agent)

(Signature)

OFFICERS AND DIRECTORS

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, ST. ZIP

4. NAME

5. STREET ADDRESS

6. CITY, ST. ZIP

7. NAME

8. STREET ADDRESS

9. CITY, ST. ZIP

10. NAME

11. STREET ADDRESS

12. CITY, ST. ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST. ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST. ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST. ZIP

22. NAME

23. STREET ADDRESS

24. CITY, ST. ZIP

25. NAME

26. STREET ADDRESS

27. CITY, ST. ZIP

28. NAME

29. STREET ADDRESS

30. CITY, ST. ZIP

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16. NAME

17. STREET ADDRESS

18. CITY, ST. ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST. ZIP

22. NAME

23. STREET ADDRESS

24. CITY, ST. ZIP

25. NAME

26. STREET ADDRESS

27. CITY, ST. ZIP

28. NAME

29. STREET ADDRESS

30. CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.042(1)(a), Florida Statutes. I further certify that the information indicated on this filing and report is supplemented, amended, 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 person or person empowered to make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95

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