

**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

APPROVED  
AND  
FILED

95 FEB 27 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300001419393  
-03/02/95--D1063--013  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **641894** (1)

1. Corporation Name  
**BERNARDO OLCZYK, CORPORATION**

Principal Place of Business Mailing Address  
**1612 JEFFERSON AVENUE** **1612 JEFFERSON AVENUE**  
**APT 203** **APT 203**  
**MIAMI BEACH FL 33139** **MIAMI BEACH FL 33139**

3. Date incorporated or Qualified **10/24/1979** 3a. Date of Last Report **04/12/1994**

4. FEI Number **59-1944501** 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLCZYK, BERNARDO**  
**1612 JEFFERSON AVENUE**  
**APARTMENT 203**  
**MIAMI BEACH FL 33139**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code **FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **OLCZYK, BERNARDO**  
STREET ADDRESS **1612 JEFFERSON AVE #203**  
CITY - ST - ZIP **MIAMI BEACH FL**

1.1 TITLE  Change  Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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6.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SIGNATURE:

*Bernardo Olczyk*

BERNARDO OLCZYK, President

2/20/95 (305) 358-2459

*SW 20745*