

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayfield
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAR 20 PM 12:11

DOCUMENT # 662628

1. Corporation Name

Superior Systems Corporation

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2450 Ambassador Ave.
Brooksville, FL 34609-4505

Mailing Address

2450 Ambassador Ave.
Brooksville, FL 34609-4505

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-03/22/95--01042--008

DO ****200.00, so****200.00

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

3. Date Incorporated or Created

05/15/1980

3a. Date of Last Report

02/24/1994

4. FBT Number

59-2008682

Applied For

Not Applicable

5. Certificate of Status Fee

\$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 § 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Rodriguez, Salvador
312 Patio Village Terrace
Ft. Lauderdale, FL 33326

10. Name and Address of New Registered Agent

81 Name
Gladys D. Torres
82 Street Address (P.O. Box Number is Not Acceptable)
2450 Ambassador Ave.
83
84 City
Brooksville FL 85 Zip Code
34609

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Gladys D. Torres

(Signature must be printed name of registered agent and the following)

Gladys D. Torres

March 1, 1995

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME Salvador Rodriguez
STREET ADDRESS K-5 Club Dr. Garden Hills
CITY ST ZIP Guaynabo, Puerto Rico 00966

TITLE V/S/D
NAME Diana Rodriguez
STREET ADDRESS Calle Camino Real A-22
CITY ST ZIP Rio Piedras, PR 00926

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 NAME ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 NAME ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 NAME ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 NAME ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 NAME ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 law from filing this report. 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 by me. I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Salvador Rodriguez President
SIGNING OFFICER OR DIRECTOR

March 1, 1995 809-273-1805