FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 JUL 24 AM 8:25

DOCUMENT # 701607 (4)

1. Corporation Name
SOCIETE DE MAITRE D', INC.

Principal Place of Business	Mailing Address
5676 ELIZABETH CIRCLE. #40 FT. LAUDERDALE FL 33314	5676 ELIZABETH CIRCLE. #40 FT. LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1960
3a. Date of Last Report: 03/02/1994
4. FEI Number: 65-0030256 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2220 N. ATLANTIC BLVD	26 2220 N. ATLANTIC BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip 24 33305 Country 25 USA	Zip 29 33305 Country 30 USA

9. Name and Address of Current Registered Agent

MATURI, LARRY (MR.)
2440 N.E. 51ST STREET
FT. LAUDERDALE FL 33308

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	MATURI, LARRY	12 NAME	JAMES FARBER
STREET ADDRESS	2440 NE 51ST STREET	13 STREET ADDRESS	2220 N. ATLANTIC BLVD.
CITY-ST-ZIP	FT.LAUDERDALE FL	14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	STD	21 TITLE	STD ☒ Change ☐ Addition
NAME	CARRILLO, LUIS M.	22 NAME	WENDY MOCKEL
STREET ADDRESS	5676 ELIZABETH CIRCLE	23 STREET ADDRESS	2735 NE 14TH ST #7
CITY-ST-ZIP	FT. LAUDERDALE,F L	24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CASCIO,SANTINO	32 NAME	
STREET ADDRESS	9393 LAUREL GREEN DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wendy Mockel 6-23-95 (305)564-7232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046460