

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. MATHIAS
COMMISSIONER

APPROVED
AND
FILED

17 MAY - 1 PM 11:32

DOCUMENT # F32236

(4)

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RICHARD MONTE ENTERPRISES, INC.

5820 SUNSET DR
S MIAMI FL 33143

5820 SUNSET DR
S MIAMI FL 33143

3. Date of Incorporation (or Amendment)	3a. Date of Last Report
04/24/1981	05/20/1994
4. F.F. Number	Applied Fee / Not Applicable
59-2082669	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Two Year Certificate Fee (including Trust Fund Contribution)	\$5.00 May Be Added to Fees
8. This corporation has liability for employee tax under S. 199.03, Florida Statutes	Yes ☐ No ☐

2. Principal Office (City and State)	2a. Principal Office (City and State)
21. City and State	25. City and State
22. City and State	26. City and State
23. City and State	27. City and State
24. City and State	28. City and State
25. City and State	29. City and State
30. City and State	

9. Name and Address of Current Registered Agent
MONTE, RICHARD 10235 SW 106 STREET MIAMI FL FL 33176

10. Name and Address of New Registered Agent
81. Name
82. Street Address (if P.O. Box Number is Not Acceptable)
83. City and State
84. Zip
FL 85. Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief, and that the appointment of registered agent is true.

Signature of Officer or Director: _____

12. Additions to the List of Officers and Directors	13. Additions to the List of Officers and Directors
NAME: PSD MONTE, RICHARD 10235 SW 106 STREET MIAMI FL	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____
NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____
NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____
NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____
NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____
NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____
NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____
NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____
NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____
NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____	NAME: _____ ADDRESS: _____ CITY AND STATE: _____ ZIP: _____

14. I, the undersigned, certify that the information furnished with this filing is true and correct to the best of my knowledge and belief, and that the same are true and correct to the best of my knowledge and belief, and that the appointment of registered agent is true.

SIGNATURE:

[Signature]

PLEASE PRINT OR TYPE NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

305 667 4861