

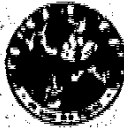
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 26 AM 9:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H82954 (9)

1. Corporation Name

MIAMI CORPORATE SYSTEMS, INC.

Principal Place of Business

Mailing Address

**5300 BLUE LAGOON DR., STE. 700
5300 BLUE LAGOON DR. STE 700
MIAMI FL 33126
US**

**5300 BLUE LAGOON DR., STE. 700
5300 BLUE LAGOON DR. STE 700
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/29/1985

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2778466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

23

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

**RASCO & REININGER, PA
5200 BLUE LAGOON DR.
SUITE 700
MIAMI FL 33126**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **RASCO, RAMON E.**
STREET ADDRESS **5200 BLUE LAGOON DR #700**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DST**
NAME **REININGER, STEVEN R.**
STREET ADDRESS **5200 BLUE LAGOON DR #700**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DVP**
NAME **DANNHEISSER, LYNN M**
STREET ADDRESS **5200 BLUE LAGOON DR #700**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VP
DANNHEISSER, LYNN M.
5200 Blue Lagoon Dr. #700
Miami, Florida 33126

☒ Change ☐ Addition

TITLE **AVP**
NAME **SANTOVENIA, THERESA E**
STREET ADDRESS **5200 BLUE LAGOON DR #700**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **AVP**
NAME **PEREZ, LUIS A.**
STREET ADDRESS **5200 BLUE LAGOON DR #700**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **AVP**
NAME **FERNANDEZ, NICOLAS**
STREET ADDRESS **5200 BLUE LAGOON DR #700**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 190.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

Date

305-261-0500

Daytime Phone #