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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J75101** (2)

1. Corporation Name
LITTLE RIVER METRO CORP.

Principal Place of Business Mailing Address

~~14700 BISCAYNE BLVD.~~ ~~14700 BISCAYNE BLVD.~~
~~NORTH MIAMI BEACH FL 33191~~ ~~NORTH MIAMI BEACH FL 33191~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/29/1987** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business 2a. Mailing Address

21 **401 NE 167th St** 26 **401 NE 167th St**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 _____ 27 _____

City & State City & State

23 **North Miami Beach, FL** 28 **North Miami Beach, FL**

Zip Country Zip Country

24 **33162** 25 **USA** 29 **33162** 30 **USA**

4. FEI Number **59-1742321** 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**

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

9. Name and Address of Current Registered Agent

OKO, RALPH N.
~~14700 BISCAYNE BLVD.~~
~~N. MIAMI BEACH FL 33191~~

10. Name and Address of New Registered Agent

81 Name _____

82 Street Address (P.O. Box Number is Not Acceptable)
401 NE 167th St

83 _____

84 City **North Miami Beach** FL 85 Zip Code **33162**

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

TITLE PD
NAME **PETRO, NERINO**
STREET ADDRESS ~~14700 BISCAYNE BLVD.~~
CITY - ST - ZIP ~~N. MIAMI BEACH FL~~

TITLE STD
NAME **GOLDMAN, MARTIN J.**
STREET ADDRESS ~~14700 BISCAYNE BLVD.~~
CITY - ST - ZIP ~~N. MIAMI BEACH FL~~

TITLE D
NAME **OKO, RALPH N.**
STREET ADDRESS ~~14700 BISCAYNE BLVD.~~
CITY - ST - ZIP ~~N. MIAMI BEACH FL~~

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME _____

1.3 STREET ADDRESS **401 N.E. 167th St**

1.4 CITY - ST - ZIP **NORTH MIAMI BEACH, FL 33162**

2.1 TITLE Change Addition

2.2 NAME _____

2.3 STREET ADDRESS **401 N.E. 167th St**

2.4 CITY - ST - ZIP **NORTH MIAMI BEACH, FL 33162**

3.1 TITLE Change Addition

3.2 NAME _____

3.3 STREET ADDRESS **401 N.E. 167th St**

3.4 CITY - ST - ZIP **NORTH MIAMI BEACH, FL 33162**

4.1 TITLE Change Addition

4.2 NAME _____

4.3 STREET ADDRESS _____

4.4 CITY - ST - ZIP _____

5.1 TITLE Change Addition

5.2 NAME _____

5.3 STREET ADDRESS _____

5.4 CITY - ST - ZIP _____

6.1 TITLE Change Addition

6.2 NAME _____

6.3 STREET ADDRESS _____

6.4 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 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or my appointment with qualifications.

SIGNATURE: _____ DATE: **4/14/95** 25 948-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR