

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J90861 (2)
1. Corporation Name
SUPREME BUSINESS SERVICES, INC.

Principal Place of Business Mailing Address
680 N.W. 100 TERRACE 680 N.W. 100 TERRACE
PLANTATION FL 33324-1056 PLANTATION FL 33324-1056

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/01/1987 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0004395 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUINA, MARIETTA
680 N.W. 100 TERRACE
PLANTATION FL 33324-1056

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

(If change, type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME
1.1	D MUINA, MARIETTA
1.2	680 N.W. 100 TERRACE
1.3	PLANTATION FL 33324-1056
1.4	
2.1	
2.2	
2.3	
2.4	
3.1	
3.2	
3.3	
3.4	
4.1	
4.2	
4.3	
4.4	
5.1	
5.2	
5.3	
5.4	
6.1	
6.2	
6.3	
6.4	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME	☐	☐
1.3 STREET ADDRESS	☐	☐
1.4 CITY - ST - ZIP	☐	☐
2.1 TITLE	☐	☐
2.2 NAME	☐	☐
2.3 STREET ADDRESS	☐	☐
2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	☐	☐
3.2 NAME	☐	☐
3.3 STREET ADDRESS	☐	☐
3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	☐	☐
4.2 NAME	☐	☐
4.3 STREET ADDRESS	☐	☐
4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	☐	☐
5.2 NAME	☐	☐
5.3 STREET ADDRESS	☐	☐
5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	☐	☐
6.2 NAME	☐	☐
6.3 STREET ADDRESS	☐	☐
6.4 CITY - ST - ZIP	☐	☐

14. I 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 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 this 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 on an attachment with an affidavit.

SIGNATURE:

Marietta Muina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marietta Muina

03/01/95

(305)
625-0808

Date: (Signature) Name: