

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 AM 8:13

DOCUMENT # K32039

(5)

1. Corporation Name

FRIDAY INVESTMENTS COMPANY

Principal Place of Business

% ARAZOZA & COMAS PA
101 MADEIRA AVE
CORAL GABLES FL 33134-4515

Mailing Address

% ARAZOZA & COMAS PA
101 MADEIRA AVE
CORAL GABLES FL 33134-4515

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1988

3a. Date of Last Report

02/28/1994

4. FEI Number

98-0051972

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

2a. Mailing Address

21 Suite, Apt. #, etc.

25 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

COMAS, GASTON J.
101 MADEIRA AVE
CORAL GABLES FL

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
LOVERA, MARCO
% 101 MADEIRA AVE
CORAL GABLES FL

1.1 TITLE

☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE

S
COMAS, GASTON J.
101 MADEIRA AVE.
CORAL GABLES FL

2.1 TITLE

☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE

3.1 TITLE

☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE

4.1 TITLE

☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE

5.1 TITLE

☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE

6.1 TITLE

☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95 (308) 444-6224