

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # K33584

(9)

95 MAY -1 AM 8:55

1. Corporation Name

SUE CURRY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1501 N.W. 29TH STREET, SUITE 100
MIAMI FL 33142

6043 N.W. 167TH STREET
SUITE A-5
MIAMI FL 33015
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1988

3g. Date of Last Report

05/01/1994

4. FEI Number

65-0074393

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

6. This Corporation has liability for intangible tax under s. 194.04,
Florida Statutes

Yes No

2. Principal Place of Business

21 6043 N.W. 167th St.

2a. Mailing Address

26 Suite Apt #, etc

Suite, Apt #, etc.

22 Suite A-5

27 Suite Apt #, etc

City & State

23 Miami, Florida

28 City & State

24 Zip

25 33015

Country

25 USA

29 Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAN, SUSAN CURRY
6043 N.W. 167TH STREET
SUITE A-5
MIAMI FL 33015

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 607.1506, 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 of Registered Agent or Registered Agent for Service of Process)

(Signature of Registered Agent or Registered Agent for Service of Process)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	MORAN, SUSAN
STREET ADDRESS	6043 N.W. 167TH STREET, SUITE A-5
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 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)(b), 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 on an attachment with an address.

SIGNATURE:

Timothy M. Moran
SIGNATURE AND TYPED FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Timothy M. Moran

4/27/95

(305)825-8541

(Date)

(Typed Name)