

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 11:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K45015 (0)

1. Corporation Name

THOMSON MURARO RAZOOK & HART, P.A.

Principal Place of Business

**AMERFIRST BUILDING, 17TH FLOOR
1 S.E. 3RD AVE.
MIAMI FL 33131-1704**

Mailing Address

**AMERFIRST BUILDING, 17TH FLOOR
1 S.E. 3RD AVE.
MIAMI FL 33131-1704**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/14/1988

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0082743

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**THOMSON, PARKER D.
AMERFIRST BUILDING 17TH FLOOR
1 S.E. 3RD AVE.
MIAMI FL 33131**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**THOMSON, PARKER D.
1207 MAROLA CT.
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

**MURARO, ROBERT E.
1020 HARDEE RD.
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VDT

**RAZOOK, RICHARD J.
5785 S.W. 113TH ST.
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

**HART, BRIAN A.
1254 ALGARDI
CORAL GABLES 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Parker D. Thomson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Parker D. Thomson

DATE

DAYTIME PHONE #