

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M00511 (9)**

1. Corporation Name

CUSOS, INC.

Principal Place of Business

**7800 S.W. 117 AVE
PO BOX 650990
MIAMI FL 33183**

Mailing Address

**7800 S.W. 117 AVE
PO BOX 650990
MIAMI FL 33183**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1984		3a. Date of Last Report 01/19/1995	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-2774154		Applied For Not Applicable	
22. City & State	27. City & State			5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIBLEY, HUBERT O., JR., PRESIDENT 7800 SW 117TH AVE. MIAMI FL 33183				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				85. Zip Code FL			

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 607.0506, Florida Statutes.

SIGNATURE

Signature of individual named herein as registered agent and their approval.

(NOTE: Registered Agent Signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARHAM, PATRICIA	1.2 NAME	
STREET ADDRESS	450 NE 143 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	DVC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KROHN, EDWARD	2.2 NAME	
STREET ADDRESS	9220 SW 174 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	DT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, ALFRED	3.2 NAME	
STREET ADDRESS	1160 NW 63 ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	DS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SAVOY, BARBARA	4.2 NAME	
STREET ADDRESS	18933 SW 96 AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	P ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SIBLEY, HUBERT O.	5.2 NAME	
STREET ADDRESS	7800 S.W. 117TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

305.270.5200
Daytime Phone #

CR2E034 (12/95)