

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M04733** (5)

1. Corporation Name

7209 N.W. 41 ST., CORP.



Principal Place of Business

Mailing Address

7209 N.W. 41ST STREET
MIAMI FL 33166-3711

7209 N.W. 41ST STREET
MIAMI FL 33166-3711

3. Date Incorporated or Qualified
09/04/1984

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2449560

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, CARLOS
4461 NW 102 PLACE
MIAMI FL 33178**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **APAID, ANDRE M., JR.**
STREET ADDRESS **14621 ROSEWOOD ROAD**
CITY - ST - ZIP **MIAMI LAKES FL**

TITLE **VD** ☐ DELETE
NAME **APID, GERALD**
STREET ADDRESS **14621 ROSEWOOD RD.**
CITY - ST - ZIP **MIAMI LAKES FL**

TITLE **TD** ☐ DELETE
NAME **APAID, CLAUDE**
STREET ADDRESS **14621 ROSEWOOD RD.**
CITY - ST - ZIP **MIAMI LAKES FL**

TITLE **SD** ☐ DELETE
NAME **APAID, GERALD**
STREET ADDRESS **14621 ROSEWOOD RD.**
CITY - ST - ZIP **MIAMI LAKES FL**

TITLE **D** ☐ DELETE
NAME **PEREZ, CARLOS**
STREET ADDRESS **4461 NW 102 PLACE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carlos Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS PEREZ

6-10-96 305-592-1860

DATE

PHONE PREFIX

CR2E034 (3/96)