

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:28

DOCUMENT # M31026 (1)

1. Corporation Name

COSME ERNEST RENNELLA, P.A.

Principal Place of Business

2524 N.W. 7 ST.
MIAMI FL 33125

Mailing Address

2524 N.W. 7 ST.
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1986

3a. Date of Last Report

02/14/1994

4. FCI Number

59-2671598

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 19-199 (32),
Florida Statutes [] Yes [] No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**RENNELLA, COSME ERNEST
2524 N.W. 7 ST.
MIAMI FL 33125**

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 of person named registered agent or officer or director of corporation

Signature of person named registered agent or officer or director of corporation

Signature

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PVT
RENNELLA, COSME ERNEST
2524 N.W. 7TH ST
MIAMI FL**

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**SD
RENNELLA, COSME ERNEST
2524 N.W. 7TH ST
MIAMI FL**

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE

Cosme Ernest Rennella

C. E. RENNELLA

1/14/95 305 682 3800

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature