

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:00

DOCUMENT # M31189

(7)

1. Corporation Name

BEST POLISH, INC.

Principal Place of Business

2851 N.W. 4TH STREET
MIAMI FL 33125

Mailing Address

2851 N.W. 4TH STREET
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1986

3a. Date of Last Report

03/11/1994

4. FEI Number

59-2670359

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

VIZQUERRA S., MARTA A.
2851 N.W. 4TH STREET
MIAMI FL 33125

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 registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

TD
SAUD, LUIS
2851 NW 4TH ST
MIAMI FL

12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY - ST - ZIP

VDS
SAUD, CAMILO
740 SW 10TH AVE
MIAMI FL

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY - ST - ZIP

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY - ST - ZIP

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY - ST - ZIP

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

☐ Change ☐ Addition

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY - ST - ZIP

☐ Change ☐ Addition

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY - ST - ZIP

☐ Change ☐ Addition

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY - ST - ZIP

☐ Change ☐ Addition

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY - ST - ZIP

☐ Change ☐ Addition

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY - ST - ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information submitted in this corporation's 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 this 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 of this document, or appears otherwise with an address.

SIGNATURE:

Luis Saud

LUIS SAUD, PRESIDENT 02/10/95

(Signature typed or printed name of signing officer or director)

Title

(Signature typed or printed name of signing officer or director)