

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northern Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

95 MAY -1 AM 8:10

DOCUMENT # **M35700** (7)

1. Corporation Name
MIAMI RAGGZ, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10490 NW 31 TERR MIAMI FL 33172	10490 NW 31 TERR MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/24/1986	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2707376	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	☐	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under § 199.002, Florida Statutes ☐ Yes ☐ No	

**SHEER, EMERY
12515 N. KENDALL DRIVE
SUITE 304
MIAMI FL 33186**

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 607.1504, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	☐ Change ☐ Addition
NAME	NAME	1. NAME	
STREET ADDRESS	7808 SW 88TH TERRACE	1.1 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.1 CITY, ST, ZIP	
TITLE	V	2. NAME	☐ Change ☐ Addition
NAME	GARCIA, MARIA T	2.1 NAME	
STREET ADDRESS	9898 SW 1 TERR	2.1 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.1 CITY, ST, ZIP	
TITLE		3. NAME	☐ Change ☐ Addition
NAME		3.1 NAME	
STREET ADDRESS		3.1 STREET ADDRESS	
CITY, ST, ZIP		3.1 CITY, ST, ZIP	
TITLE		4. NAME	☐ Change ☐ Addition
NAME		4.1 NAME	
STREET ADDRESS		4.1 STREET ADDRESS	
CITY, ST, ZIP		4.1 CITY, ST, ZIP	
TITLE		5. NAME	☐ Change ☐ Addition
NAME		5.1 NAME	
STREET ADDRESS		5.1 STREET ADDRESS	
CITY, ST, ZIP		5.1 CITY, ST, ZIP	
TITLE		6. NAME	☐ Change ☐ Addition
NAME		6.1 NAME	
STREET ADDRESS		6.1 STREET ADDRESS	
CITY, ST, ZIP		6.1 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.002, Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if it were made under oath. That I am an officer or director of the corporation or the treasurer or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an official statement with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95