

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 JAN 17 AM 11:26

DOCUMENT # **M44927** (5)

1. Corporation Name
IRIS VAC & SEW, INC.

Principal Office Address
**5521 N.W. 180 TERR.
MIAMI FL 33055**

Mailing Address
**5521 N.W. 180 TERR.
MIAMI FL 33055**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified 01/16/1987	3a. Date of Last Report 07/19/1994
4. FEI Number 59-2755954	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 § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Office Address 5521 N.W. 180 TERR. MIAMI FL 33055	2a. Mailing Address 5521 N.W. 180 TERR. MIAMI FL 33055
22. State of Incorporation FL	27. Date of Report 07/19/94
23. City & State MIAMI FL	28. City & State MIAMI FL
24. Zip 33055	29. Zip 33055

9. Name and Address of Current Registered Agent TARRADELL, EUSEBIO 4840 N.W. 184 TERR. MIAMI FL 33055		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 of corporation 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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	1.1 NAME	☐ Change ☐ Addition	
2. STREET ADDRESS	2.1 STREET ADDRESS	☐ Change ☐ Addition	
3. CITY & STATE	3.1 CITY & STATE	☐ Change ☐ Addition	
4. ZIP	4.1 ZIP	☐ Change ☐ Addition	
5. NAME	5.1 NAME	☐ Change ☐ Addition	
6. STREET ADDRESS	6.1 STREET ADDRESS	☐ Change ☐ Addition	
7. CITY & STATE	7.1 CITY & STATE	☐ Change ☐ Addition	
8. ZIP	8.1 ZIP	☐ Change ☐ Addition	
9. NAME	9.1 NAME	☐ Change ☐ Addition	
10. STREET ADDRESS	10.1 STREET ADDRESS	☐ Change ☐ Addition	
11. CITY & STATE	11.1 CITY & STATE	☐ Change ☐ Addition	
12. ZIP	12.1 ZIP	☐ Change ☐ Addition	

I hereby certify, truthfully, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 190.01, Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have the right to report after I am at home under oath. That I am an officer or director of this corporation or this member of business organization to which this report is required by Chapter 190, Florida Statutes, and that my name appears on this filing. If it is changed, it must be filed with an affidavit.

SIGNATURE: *Carmen Mantelle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/93