

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 AM 11:47

DOCUMENT # M56063 (4)

1. Corporation Name
BLANCO, DANIAL & ASSOCIATES, INC.

Principal Place of Business
% FERNANDO BLANCO
8109 CRESPI BLVD
MIAMI BEACH FL 33141

Mailing Address
% FERNANDO BLANCO
555 N. SHORE DRIVE
MIAMI BEACH FL 33141-2431
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/23/1987 3a. Date of Last Report 04/27/1994

4. FEI Number 59-2843367 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
21 555 N. Shore Drive

2a. Mailing Address
25 Suite, Apt. #, etc.

22 City & State
23 Miami Beach, FL

27 City & State
28

24 Zip 33141 25 Country U.S.

29 Zip 30 Country

9. Name and Address of Current Registered Agent

BLANCO, FERNANDO
8109 CRESPI BLVD
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 555 N. Shore Drive
84 City Miami Beach FL 85 Zip Code 33141

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 15a if applicable.

(NOTE: Registered Agent Signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BLANCO, FERNANDO
STREET ADDRESS 555 N. SHORE DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE DVP
NAME KRAJNIK, MARK M
STREET ADDRESS 555 N. SHORE DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE DS
NAME NUNEZ, ADIS N.
STREET ADDRESS 8109 CRESPI BLVD
CITY-ST-ZIP MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 555 N. Shore Drive

3.4 CITY-ST-ZIP Miami Beach, FL 33141

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ADIS N. NUNEZ

1/27/95 305 865-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Name)

Signature Printed Name