

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 AUG -8 AM 11:30

DOCUMENT # M76810 (4)

1. Corporation Name

STEVEN LARUSSO RA, INC.

Principal Place of Business

10855 SW 136 CT.
MIAMI FL 33186
US

Mailing Address

10855 SW 136 CT.
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/18/1988

3a. Date of Last Report

07/19/1994

4. FEI Number

65-0042590

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 299 ALKANA CIR, SUITE 302

Suite, Apt. #, etc.

22 CORAL GABLES, FLA

City & State

23

Zip

24 33134

Country

25 US

2a. Mailing Address

26 10855 SW 136 CT

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FLORIDA

29 Zip

30 33186

Country

US

9. Name and Address of Current Registered Agent

LARUSSO, STEVEN
10855 SW 136 CT
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 607.1508, 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, name of certified name of registered agent and title if applicable

12. Registered Agent signature required when renewing

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LARUSSO, STEVEN
STREET ADDRESS	10855 SW 136 CT
CITY, ST, ZIP	MIAMI FL
TITLE	DST
NAME	LARUSSO, MARY ANN
STREET ADDRESS	10855 SW 136 CT
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. Additional Certified Officers and Directors (Addition - Check Box)

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(1)(k), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Steven Larusso

STEVEN LARUSSO

7/6/95

448-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number