

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

50 MAY -1 1996 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82199

(4)

1. Corporation Name

MIMCO ASSOCIATES INC.

Principal Place of Business

**17545 COLLINS AVENUE
NORTH MIAMI BCH. FL 33160**

Mailing Address

**17545 COLLINS AVENUE
NORTH MIAMI BCH. FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1988

3a. Date of Last Report

01/25/1994

4. FEI Number

65-0217996

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 franchise tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 6401 GARFIELD ST.

2a. Mailing Address

26 6401 GARFIELD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HOLLYWOOD, FLA

City & State

28 HOLLYWOOD, FLA

Zip

24 33024

Country

25 USA

Zip

29 33024

Country

30 USA

9. Name and Address of Current Registered Agent

**LACHANCE, MICHELINE
6401 GARFIELD STREET
HOLLYWOOD FL 33024**

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

Micheline Lachance (per) **MICHELINE LACHANCE**

04/24/95

(Signature, typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

**TITLE DP
NAME LACHANCE, MICHELINE
STREET ADDRESS 6401 GARFIELD ST.
CITY ST ZIP HOLLYWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 190.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Micheline Lachance (per) **MICHELINE LACHANCE**

04/24/95

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