

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90151 023 ***150.00

DOCUMENT # **P00000033520**

1. Entity Name
THIRTY NINETY FIVE, INC.



Principal Place of Business
7151 SUNSET DRIVE
MIAMI FL 33143 *940*

Mailing Address
7151 SUNSET DRIVE
MIAMI FL 33143

2. Principal Place of Business
3095 NW. 11 ST.

Suite, Apt. #, etc.

3. Mailing Address
940 NW 30 CT.

Suite, Apt. #, etc.
REAR

City & State
MIAMI FL.

City & State
MIAMI FL.

Zip
33125

Country

Zip
33125

Country

4. FEI Number **65-1149105** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
PASCUAL, RAUL C
7151 SUNSET DRIVE
MIAMI FL 33143

7. Name and Address of New Registered Agent
Name **JOHAN M. FRAGA**
Street Address (P.O. Box Number is Not Acceptable)
940 NW. 30 CT.
City **MIAMI** FL Zip Code **33125**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **1/24/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PTD	<input checked="" type="checkbox"/> Delete
NAME PASCUAL, RAUL C	
STREET ADDRESS 7151 SUNSET DRIVE	
CITY-ST-ZIP MIAMI FL 33143	
TITLE SVD	<input type="checkbox"/> Delete
NAME FRAGA, JOHAN M	
STREET ADDRESS 940 N.W. 30TH COURT	
CITY-ST-ZIP MIAMI FL 33125	
TITLE CINDY Y. FRAGA	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHAN M. FRAGA	
STREET ADDRESS 940 NW 30 CT	
CITY-ST-ZIP MIAMI FL. 33125	
TITLE SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CINDY Y. FRAGA	
STREET ADDRESS 940 NW. 30 CT.	
CITY-ST-ZIP MIAMI FL 33125	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHAN M. FRAGA**
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/24/03** Daytime Phone # **(305) 631-1234**
753-0888

CR2E034 (10/02)