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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 23 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010211 (0)

1. Corporation Name
SU-SE-FOR, INC.

Principal Place of Business	Mailing Address
8918 EMERSON AVENUE SURFSIDE FL 33154 US	8918 EMERSON AVENUE SUNRISE FL 33154 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 7855 NW 12th ST	26 7855 NW 12th ST
Suite, Apt. #, etc. 22 #219	Suite, Apt. #, etc. 27 #219
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33126 / 25 U.S.A	Zip / Country 29 33126 / 30 U.S.A

4. FEI Number: 65-0373150 ☐ 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

9. Name and Address of Current Registered Agent

HECHTMAN, BARRY I
8900 S.W. 107TH AVENUE
MIAMI FL 33176-1451

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 _____ DATE
(Signature, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	☐ Change ☐ Addition
NAME	CARPENTER, ENRIQUE R	12 NAME	
STREET ADDRESS	8918 EMERSON AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	FURELOS, PATRICIA	22 NAME	
STREET ADDRESS	8918 EMERSON AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 exemptions stated in Section 119.07(3)(i), 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 1 or Block 11 changed, or on an attachment with an address.

SIGNATURE: Patricia Furelos PATRICIA FURELOS 1/14/95 3057173373
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0103008 CP