

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000001884 (4)

1. Corporation Name

EMPLOYEE BENEFITS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~8744 SW 87TH AVE
MIAMI FL 33165~~

**8860 S.W. 57TH ST,
Miami - FL 33173**

**8860 SW 57TH ST.
MIAMI FL 33173
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/11/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0380101

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

2a. Mailing Address

21 **8860 S.W. 57 St.**

26 **(Same)**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Miami - Florida**

28

Zip

Country

Zip

Country

24 **FL 33173**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARRIAZO, ROBERT
8860 SW 57TH ST.
MIAMI FL 33173**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

CARRIAZO, ROBERT

STREET ADDRESS

8860 SW 57TH ST.

CITY- ST- ZIP

MIAMI FL

TITLE

D

NAME

CARRIAZO, MARUCHY

STREET ADDRESS

8860 SW 57TH ST.

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

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

3.4 CITY- ST- ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, upon an attachment with an address.

SIGNATURE:

BY ROBERT CARRIAZO, Pres.

1/23/95

(305) 220-5433

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #