

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:43

DOCUMENT # P93000004422 (0)

1. Corporation Name

MERIDITH ASSOCIATES, INC.

Principal Place of Business

**P O BOX 370277
MIAMI FL 33137**

Mailing Address

**P O BOX 370277
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1993

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0396172

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEDLANDER, EUGENE C
2801 NW 6TH AVE
MIAMI FL 33137**

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 607.1506, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FRIEDLANDER, EUGENE C
STREET ADDRESS	2801 NW 6TH AVE
CITY - ST - ZIP	MIAMI FL 33137
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	

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(3)(b), Florida Statutes. I further certify that the information indicated on this 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 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE C. FRIEDLANDER 3/30/95 (305) 5761363

Title

Telephone Number

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 32 PM 12: 54

DOCUMENT # P93000005460 (9)

1. Corporation Name

NORTH AMERICAN SPORTS MANAGEMENT, INC.

Principal Place of Business

**2200 LUCIEN WAY
SUITE 450
MAITLAND FL 32751**

Mailing Address

**2200 LUCIEN WAY
SUITE 450
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1993

3a. Date of Last Report
07/05/1994

4. FEI Number
59-3183921

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**B & C CORPORATE AGENTS OF CENTRAL FLORIDA
390 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
SCIARRINO, MICHAEL J
2200 LUCIEN WAY, SUITE 450
MAITLAND FL 32751**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
GINSBURG, ALAN H
2200 LUCIEN WAY, SUITE 450
MAITLAND FL 32751**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ 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 119.07(3)(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 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:

Alan H. Ginsburg 3/27/95 407/660-1110

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR FILER ON DIRECTOR

Date

Telephone Number

THE CED CONSTRUCTION COMPANIES

2200 LUCIEN WAY • SUITE 430 • MAITLAND, FLORIDA 32751 • (407) 660-1110 • FAX (407) 875-0613

**DELIVERED VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

p93000005460

March 27, 1995

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

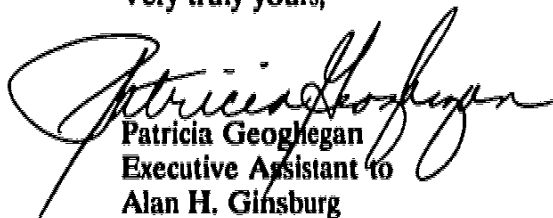
Re: North American Sports Management, Inc.

Dear Sir or Madam:

Enclosed for filing is the 1995 Corporation Annual Report for the above-referenced entity. Also enclosed is a check in the amount of \$200 to cover the cost of the filing fee.

If you have any questions, or require further information, please call. Thank you.

Very truly yours,


Patricia Geoghegan
Executive Assistant to
Alan H. Ginsburg

\pag
Enclosures

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. LAURENCE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:28

DOCUMENT # **P93000005904 (6)**

1. Corporation Name

MIRAMAR DRYWALL & PAINT, INC.

2. Principal Place of Business

15485 EAGLE NEST LANE
SUITE 200
MIAMI LAKES FL 33014

3. Mailing Address

15485 EAGLE NEST LANE
SUITE 200
MIAMI LAKES FL 33014

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or Chartered

01/26/1993

3a. Date of Last Report

05/01/1994

4. FID Number

65-0384737

Approved Fee

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

6. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

21. TOWN485 330140277 1594 01/12/95
NOTIFY SENDER OF NEW ADDRESS
TOWNE COMPANIES INC
7975 NW 154TH ST #400
HIALEAH FL 33016-5849

24. 9. Name and Address of Current Registered Agent

ALHADEFF, E R
150 WEST FLAGLER ST.
2200 MUSEUM TOWER
MIAMI FL 33130

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 607.02(2) and 607.02(3)(B), 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 the term(s) of the Florida Statutes.

12. OFFICERS AND DIRECTORS

1. NAME
D PEREZ, JORGE M
2828 CORAL WAY, PENTHOUSE
MIAMI FL 33145
2. NAME
PST
CARDOSO SILVIO
2828 CORAL WAY
MIAMI FL

13. ADDITIONAL NAME(S) TO OFFICERS AND DIRECTORS

1. NAME
2. NAME
3. NAME
4. NAME
5. NAME
6. NAME
7. NAME
8. NAME
9. NAME
10. NAME
11. NAME
12. NAME
13. NAME
14. NAME
15. NAME
16. NAME
17. NAME
18. NAME
19. NAME
20. NAME
21. NAME
22. NAME
23. NAME
24. NAME
25. NAME
26. NAME
27. NAME
28. NAME
29. NAME
30. NAME
31. NAME
32. NAME
33. NAME
34. NAME
35. NAME
36. NAME
37. NAME
38. NAME
39. NAME
40. NAME
41. NAME
42. NAME
43. NAME
44. NAME
45. NAME
46. NAME
47. NAME
48. NAME
49. NAME
50. NAME
51. NAME
52. NAME
53. NAME
54. NAME
55. NAME
56. NAME
57. NAME
58. NAME
59. NAME
60. NAME
61. NAME
62. NAME
63. NAME
64. NAME
65. NAME
66. NAME
67. NAME
68. NAME
69. NAME
70. NAME
71. NAME
72. NAME
73. NAME
74. NAME
75. NAME
76. NAME
77. NAME
78. NAME
79. NAME
80. NAME
81. NAME
82. NAME
83. NAME
84. NAME
85. NAME
86. NAME
87. NAME
88. NAME
89. NAME
90. NAME
91. NAME
92. NAME
93. NAME
94. NAME
95. NAME
96. NAME
97. NAME
98. NAME
99. NAME
100. NAME
101. NAME
102. NAME
103. NAME
104. NAME
105. NAME
106. NAME
107. NAME
108. NAME
109. NAME
110. NAME
111. NAME
112. NAME
113. NAME
114. NAME
115. NAME
116. NAME
117. NAME
118. NAME
119. NAME
120. NAME
121. NAME
122. NAME
123. NAME
124. NAME
125. NAME
126. NAME
127. NAME
128. NAME
129. NAME
130. NAME
131. NAME
132. NAME
133. NAME
134. NAME
135. NAME
136. NAME
137. NAME
138. NAME
139. NAME
140. NAME
141. NAME
142. NAME
143. NAME
144. NAME
145. NAME
146. NAME
147. NAME
148. NAME
149. NAME
150. NAME
151. NAME
152. NAME
153. NAME
154. NAME
155. NAME
156. NAME
157. NAME
158. NAME
159. NAME
160. NAME
161. NAME
162. NAME
163. NAME
164. NAME
165. NAME
166. NAME
167. NAME
168. NAME
169. NAME
170. NAME
171. NAME
172. NAME
173. NAME
174. NAME
175. NAME
176. NAME
177. NAME
178. NAME
179. NAME
180. NAME
181. NAME
182. NAME
183. NAME
184. NAME
185. NAME
186. NAME
187. NAME
188. NAME
189. NAME
190. NAME
191. NAME
192. NAME
193. NAME
194. NAME
195. NAME
196. NAME
197. NAME
198. NAME
199. NAME
200. NAME
201. NAME
202. NAME
203. NAME
204. NAME
205. NAME
206. NAME
207. NAME
208. NAME
209. NAME
210. NAME
211. NAME
212. NAME
213. NAME
214. NAME
215. NAME
216. NAME
217. NAME
218. NAME
219. NAME
220. NAME
221. NAME
222. NAME
223. NAME
224. NAME
225. NAME
226. NAME
227. NAME
228. NAME
229. NAME
230. NAME
231. NAME
232. NAME
233. NAME
234. NAME
235. NAME
236. NAME
237. NAME
238. NAME
239. NAME
240. NAME
241. NAME
242. NAME
243. NAME
244. NAME
245. NAME
246. NAME
247. NAME
248. NAME
249. NAME
250. NAME
251. NAME
252. NAME
253. NAME
254. NAME
255. NAME
256. NAME
257. NAME
258. NAME
259. NAME
260. NAME
261. NAME
262. NAME
263. NAME
264. NAME
265. NAME
266. NAME
267. NAME
268. NAME
269. NAME
270. NAME
271. NAME
272. NAME
273. NAME
274. NAME
275. NAME
276. NAME
277. NAME
278. NAME
279. NAME
280. NAME
281. NAME
282. NAME
283. NAME
284. NAME
285. NAME
286. NAME
287. NAME
288. NAME
289. NAME
290. NAME
291. NAME
292. NAME
293. NAME
294. NAME
295. NAME
296. NAME
297. NAME
298. NAME
299. NAME
300. NAME
301. NAME
302. NAME
303. NAME
304. NAME
305. NAME
306. NAME
307. NAME
308. NAME
309. NAME
310. NAME
311. NAME
312. NAME
313. NAME
314. NAME
315. NAME
316. NAME
317. NAME
318. NAME
319. NAME
320. NAME
321. NAME
322. NAME
323. NAME
324. NAME
325. NAME
326. NAME
327. NAME
328. NAME
329. NAME
330. NAME
331. NAME
332. NAME
333. NAME
334. NAME
335. NAME
336. NAME
337. NAME
338. NAME
339. NAME
340. NAME
341. NAME
342. NAME
343. NAME
344. NAME
345. NAME
346. NAME
347. NAME
348. NAME
349. NAME
350. NAME
351. NAME
352. NAME
353. NAME
354. NAME
355. NAME
356. NAME
357. NAME
358. NAME
359. NAME
360. NAME
361. NAME
362. NAME
363. NAME
364. NAME
365. NAME
366. NAME
367. NAME
368. NAME
369. NAME
370. NAME
371. NAME
372. NAME
373. NAME
374. NAME
375. NAME
376. NAME
377. NAME
378. NAME
379. NAME
380. NAME
381. NAME
382. NAME
383. NAME
384. NAME
385. NAME
386. NAME
387. NAME
388. NAME
389. NAME
390. NAME
391. NAME
392. NAME
393. NAME
394. NAME
395. NAME
396. NAME
397. NAME
398. NAME
399. NAME
400. NAME
401. NAME
402. NAME
403. NAME
404. NAME
405. NAME
406. NAME
407. NAME
408. NAME
409. NAME
410. NAME
411. NAME
412. NAME
413. NAME
414. NAME
415. NAME
416. NAME
417. NAME
418. NAME
419. NAME
420. NAME
421. NAME
422. NAME
423. NAME
424. NAME
425. NAME
426. NAME
427. NAME
428. NAME
429. NAME
430. NAME
431. NAME
432. NAME
433. NAME
434. NAME
435. NAME
436. NAME
437. NAME
438. NAME
439. NAME
440. NAME
441. NAME
442. NAME
443. NAME
444. NAME
445. NAME
446. NAME
447. NAME
448. NAME
449. NAME
450. NAME
451. NAME
452. NAME
453. NAME
454. NAME
455. NAME
456. NAME
457. NAME
458. NAME
459. NAME
460. NAME
461. NAME
462. NAME
463. NAME
464. NAME
465. NAME
466. NAME
467. NAME
468. NAME
469. NAME
470. NAME
471. NAME
472. NAME
473. NAME
474. NAME
475. NAME
476. NAME
477. NAME
478. NAME
479. NAME
480. NAME
481. NAME
482. NAME
483. NAME
484. NAME
485. NAME
486. NAME
487. NAME
488. NAME
489. NAME
490. NAME
491. NAME
492. NAME
493. NAME
494. NAME
495. NAME
496. NAME
497. NAME
498. NAME
499. NAME
500. NAME
501. NAME
502. NAME
503. NAME
504. NAME
505. NAME
506. NAME
507. NAME
508. NAME
509. NAME
510. NAME
511. NAME
512. NAME
513. NAME
514. NAME
515. NAME
516. NAME
517. NAME
518. NAME
519. NAME
520. NAME
521. NAME
522. NAME
523. NAME
524. NAME
525. NAME
526. NAME
527. NAME
528. NAME
529. NAME
530. NAME
531. NAME
532. NAME
533. NAME
534. NAME
535. NAME
536. NAME
537. NAME
538. NAME
539. NAME
540. NAME
541. NAME
542. NAME
543. NAME
544. NAME
545. NAME
546. NAME
547. NAME
548. NAME
549. NAME
550. NAME
551. NAME
552. NAME
553. NAME
554. NAME
555. NAME
556. NAME
557. NAME
558. NAME
559. NAME
560. NAME
561. NAME
562. NAME
563. NAME
564. NAME
565. NAME
566. NAME
567. NAME
568. NAME
569. NAME
570. NAME
571. NAME
572. NAME
573. NAME
574. NAME
575. NAME
576. NAME
577. NAME
578. NAME
579. NAME
580. NAME
581. NAME
582. NAME
583. NAME
584. NAME
585. NAME
586. NAME
587. NAME
588. NAME
589. NAME
590. NAME
591. NAME
592. NAME
593. NAME
594. NAME
595. NAME
596. NAME
597. NAME
598. NAME
599. NAME
600. NAME
601. NAME
602. NAME
603. NAME
604. NAME
605. NAME
606. NAME
607. NAME
608. NAME
609. NAME
610. NAME
611. NAME
612. NAME
613. NAME
614. NAME
615. NAME
616. NAME
617. NAME
618. NAME
619. NAME
620. NAME
621. NAME
622. NAME
623. NAME
624. NAME
625. NAME
626. NAME
627. NAME
628. NAME
629. NAME
630. NAME
631. NAME
632. NAME
633. NAME
634. NAME
635. NAME
636. NAME
637. NAME
638. NAME
639. NAME
640. NAME
641. NAME
642. NAME
643. NAME
644. NAME
645. NAME
646. NAME
647. NAME
648. NAME
649. NAME
650. NAME
651. NAME
652. NAME
653. NAME
654. NAME
655. NAME
656. NAME
657. NAME
658. NAME
659. NAME
660. NAME
661. NAME
662. NAME
663. NAME
664. NAME
665. NAME
666. NAME
667. NAME
668. NAME
669. NAME
670. NAME
671. NAME
672. NAME
673. NAME
674. NAME
675. NAME
676. NAME
677. NAME
678. NAME
679. NAME
680. NAME
681. NAME
682. NAME
683. NAME
684. NAME
685. NAME
686. NAME
687. NAME
688. NAME
689. NAME
690. NAME
691. NAME
692. NAME
693. NAME
694. NAME
695. NAME
696. NAME
697. NAME
698. NAME
699. NAME
700. NAME
701. NAME
702. NAME
703. NAME
704. NAME
705. NAME
706. NAME
707. NAME
708. NAME
709. NAME
710. NAME
711. NAME
712. NAME
713. NAME
714. NAME
715. NAME
716. NAME
717. NAME
718. NAME
719. NAME
720. NAME
721. NAME
722. NAME
723. NAME
724. NAME
725. NAME
726. NAME
727. NAME
728. NAME
729. NAME
730. NAME
731. NAME
732. NAME
733. NAME
734. NAME
735. NAME
736. NAME
737. NAME
738. NAME
739. NAME
740. NAME
741. NAME
742. NAME
743. NAME
744. NAME
745. NAME
746. NAME
747. NAME
748. NAME
749. NAME
750. NAME
751. NAME
752. NAME
753. NAME
754. NAME
755. NAME
756. NAME
757. NAME
758. NAME
759. NAME
760. NAME
761. NAME
762. NAME
763. NAME
764. NAME
765. NAME
766. NAME
767. NAME
768. NAME
769. NAME
770. NAME
771. NAME
772. NAME
773. NAME
774. NAME
775. NAME
776. NAME
777. NAME
778. NAME
779. NAME
780. NAME
781. NAME
782. NAME
783. NAME
784. NAME
785. NAME
786. NAME
787. NAME
788. NAME
789. NAME
790. NAME
791. NAME
792. NAME
793. NAME
794. NAME
795. NAME
796. NAME
797. NAME
798. NAME
799. NAME
800. NAME
801. NAME
802. NAME
803. NAME
804. NAME
805. NAME
806. NAME
807. NAME
808. NAME
809. NAME
810. NAME
811. NAME
812. NAME
813. NAME
814. NAME
815. NAME
816. NAME
817. NAME
818. NAME
819. NAME
820. NAME
821. NAME
822. NAME
823. NAME
824. NAME
825. NAME
826. NAME
827. NAME
828. NAME
829. NAME
830. NAME
831. NAME
832. NAME
833. NAME
834. NAME
835. NAME
836. NAME
837. NAME
838. NAME
839. NAME
840. NAME
841. NAME
842. NAME
843. NAME
844. NAME
845. NAME
846. NAME
847. NAME
848. NAME
849. NAME
850. NAME
851. NAME
852. NAME
853. NAME
854. NAME
855. NAME
856. NAME
857. NAME
858. NAME
859. NAME
860. NAME
861. NAME
862. NAME
863. NAME
864. NAME
865. NAME
866. NAME
867. NAME
868. NAME
869. NAME
870. NAME
871. NAME
872. NAME
873. NAME
874. NAME
875. NAME
876. NAME
877. NAME
878. NAME
879. NAME
880. NAME
881. NAME
882. NAME
883. NAME
884. NAME
885. NAME
886. NAME
887. NAME
888. NAME
889. NAME
890. NAME
891. NAME
892. NAME
893. NAME
894. NAME
895. NAME
896. NAME
897. NAME
898. NAME
899. NAME
900. NAME
901. NAME
902. NAME
903. NAME
904. NAME
905. NAME
906. NAME
907. NAME
908. NAME
909. NAME
910. NAME
911. NAME
912. NAME
913. NAME
914. NAME
915. NAME
916. NAME
917. NAME
918. NAME
919. NAME
920. NAME
921. NAME
922. NAME
923. NAME
924. NAME
925. NAME
926. NAME
927. NAME
928. NAME
929. NAME
930. NAME
931. NAME
932. NAME
933. NAME
934. NAME
935. NAME
936. NAME
937. NAME
938. NAME
939. NAME
940. NAME
941. NAME
942. NAME
943. NAME
944. NAME
945. NAME
946. NAME
947. NAME
948. NAME
949. NAME
950. NAME
951. NAME
952. NAME
953. NAME
954. NAME
955. NAME
956. NAME
957. NAME
958. NAME
959. NAME
960. NAME
961. NAME
962. NAME
963. NAME
964. NAME
965. NAME
966. NAME
967. NAME
968. NAME
969. NAME
970. NAME
971. NAME
972. NAME
973. NAME
974. NAME
975. NAME
976. NAME
977. NAME
978. NAME
979. NAME
980. NAME
981. NAME
982. NAME
983. NAME
984. NAME
985. NAME
986. NAME
987. NAME
988. NAME
989. NAME
990. NAME
991. NAME
992. NAME
993. NAME
994. NAME
995. NAME
996. NAME
997. NAME
998. NAME
999. NAME
1000. NAME

SIGNATURE:

Jorge M. Perez, D.
Jorge M. Perez, D.

3/23/95 (MRS) 460-9900

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:28

DOCUMENT # **P93000005910 (3)**

1. Corporation Name

HIALEAH FLOOR COVERINGS, INC.

Principal Place of Business

**15485 EAGLE NEST LANE
SUITE 200
MIAMI LAKES FL 33014**

Mailing Address

**15485 EAGLE NEST LANE
SUITE 200
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0384734

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALHADEFF, E R
150 WEST FLAGLER ST.
2200 MUSEUM TOWER
MIAMI FL 33130**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

PEREZ, JORGE M

2828 CORAL WAY, PENTHOUSE

MIAMI FL 33145

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PST

SILVAO, CARBORO

2828 CORAL WAY

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

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 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, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE M. PEREZ

Date

Signature Printed Name

3/23/95 (305) 460 9900

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 32 PM 1:26

DOCUMENT # P93000005950 (9)

1. Corporation Name

INFORMATION CONSULTING NETWORK, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

**17522 NW 7TH CT
PEMBROKE PINES FL 33029
US**

Mailing Address

**6362 PINES BLVD
STE 368
PEMBROKE PINES FL 33024
US**

3. Date Incorporated or Qualified
01/19/1993

3a. Date of Last Report
06/16/1994

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.
STE 286

4. FEI Number
65-0376655

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

**NEIL, GARY
17522 NW 7TH CT
PEMBROKE PINES FL 33029**

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: Typed or printed name of registered agent and filed application

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PO
NEIL, GARY
17522 NW 7TH CT
PEMBROKE PINES FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**CEO
LYNN, SANDRA
1951 HUNTCLIFF DR
LAWRENCEVILLE GA**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**TVSB
BERZON, ERIC
7397 FAIRWAY DR #258
MIAMI LAKES FL**

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

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ 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 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, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary J. Neil

3-17-95

(305) 438-1366

Date

Telephone Number