

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 JUL 25 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smyth  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000011398 (3)**

1. Corporation Name  
**WHITTALL & SHON OF MIAMI, INC.**

Mailing Address  
**1319 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**

Principal Place of Business  
**1319 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/08/1993		N/A	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FFI Number		Applied For	
23 City & State		28 City & State		65-0388039		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
5. Certificate of Status Desired				6. Election Campaign Financing Trust Fund Contribution			
\$8.75 Additional Fee Required <input type="checkbox"/>				<input type="checkbox"/>			
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

If above addresses are incorrect in any way, line through incorrect information and enter correction below

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>YANES GUSTAVO 1319 WASHINGTON AVENUE MIAMI BEACH FL 33139</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes

SIGNATURE: *[Signature]* *[Signature]*  
Signature, typed name of registered agent and title if applicable (MGT). Registered Agent signature required when registering. (364)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	1.1 TITLE		1.1 TITLE		1.1 TITLE	
1.2 NAME	WHITTALL ELIOT G	1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	400 SOUTH POINT DR. #1401	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	MIAMI BEACH FL 33139	1.4 CITY- ST- ZIP		1.4 CITY- ST- ZIP		1.4 CITY- ST- ZIP	
2.1 TITLE		2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP		2.4 CITY- ST- ZIP		2.4 CITY- ST- ZIP		2.4 CITY- ST- ZIP	
3.1 TITLE		3.1 TITLE		3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP		3.4 CITY- ST- ZIP		3.4 CITY- ST- ZIP		3.4 CITY- ST- ZIP	
4.1 TITLE		4.1 TITLE		4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP		4.4 CITY- ST- ZIP		4.4 CITY- ST- ZIP		4.4 CITY- ST- ZIP	
5.1 TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP		5.4 CITY- ST- ZIP		5.4 CITY- ST- ZIP		5.4 CITY- ST- ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP		6.4 CITY- ST- ZIP		6.4 CITY- ST- ZIP		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 Sections 119.03(1)(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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: XX *[Signature]* 07/11/94 305-538-2606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE  
**Eliot G. Whittall**