

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

DOCUMENT # P93000033314 (4)

1. Corporation Name

EXCLUSIVE, INC OF MIAMI

Principal Place of Business

4351 NW 172ND DRIVE
MIAMI FL 33055

Mailing Address

P.O. BOX 470337
MIAMI FL 33247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

06/06/1994

4. FEI Number

65-0420219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Investment
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 470337
Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

24

Country

25 DADE

Zip

29

Country

30 DADE

9. Name and Address of Current Registered Agent

BURKE, MELONIE E
4351 NW 172ND DRIVE
MIAMI FL 33055

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

William J. Slater

Signature typed in printed name of registered agent and filed if applicable

(Not for Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
CEO	SLATER, WILLIAM	4351 NW 172ND DRIVE	MIAMI FL 33055

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	☐	☐
				☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP	☐	☐
				☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP	☐	☐
				☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP	☐	☐
				☐	☐
61 TITLE	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(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, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William J. Slater

Signature typed in printed name of officer or director

4/24/95

305 625 2649

(Typed Name)