

**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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000036398 (4)**

1. Corporation Name

**MUNDY STREET PROPERTY INC.**

Principal Place of Business

**6910 BOTTLEBRUSH DR  
MIAMI LAKES FL 33014**

Mailing Address

**6910 BOTTLEBRUSH DR  
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/17/1993**

3a. Date of Last Report

**02/01/1994**

4. FEI Number

**65-0410382**

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ROHAN, LAURENCE J  
6101 SW 78 ST  
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

**RAFAEL A. SUAREZ**

82 Street Address (P.O. Box Number is Not Acceptable)

**6910 BOTTLE BRUSH DR.**

83

84 City

**MIAMI LAKES**

**FL**

85 Zip Code

**33014**

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

*Rafael A. Suarez*  
(Signature, typed or printed name of registered agent and the if applicable)

**(RAFAEL A. SUAREZ) (PRESIDENT) 1/09/95**

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                                |
|----------------|--------------------------------|
| TITLE          | <b>PO</b>                      |
| NAME           | <b>SUAREZ, RAFAEL A</b>        |
| STREET ADDRESS | <b>6910 BOTTLE BRUSH DRIVE</b> |
| CITY-ST-ZIP    | <b>MIAMI LAKES FL</b>          |
| TITLE          | <b>STD</b>                     |
| NAME           | <b>JOHNSON, PARM JR</b>        |
| STREET ADDRESS | <b>5 NE 105 ST</b>             |
| CITY-ST-ZIP    | <b>MIAMI SHORES FL 33138</b>   |
| 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          | <b>PST D</b>                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>SUAREZ RAFAEL A.</b>           |                                                                                         |
| 1.3 STREET ADDRESS | <b>6910 BOTTLE BRUSH DR.</b>      |                                                                                         |
| 1.4 CITY-ST-ZIP    | <b>MIAMI LAKES, FLORIDA 33014</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 TITLE          |                                   |                                                                                         |
| 2.2 NAME           |                                   |                                                                                         |
| 2.3 STREET ADDRESS |                                   |                                                                                         |
| 2.4 CITY-ST-ZIP    |                                   |                                                                                         |
| 3.1 TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME           |                                   |                                                                                         |
| 3.3 STREET ADDRESS |                                   |                                                                                         |
| 3.4 CITY-ST-ZIP    |                                   |                                                                                         |
| 4.1 TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME           |                                   |                                                                                         |
| 4.3 STREET ADDRESS |                                   |                                                                                         |
| 4.4 CITY-ST-ZIP    |                                   |                                                                                         |
| 5.1 TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME           |                                   |                                                                                         |
| 5.3 STREET ADDRESS |                                   |                                                                                         |
| 5.4 CITY-ST-ZIP    |                                   |                                                                                         |
| 6.1 TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Rafael A. Suarez*  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**(PRESIDENT)**

**1/09/95**

**(305) 823-4924**

**RAFAEL A. SUAREZ**