

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 APR 18 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036577 (3)**

1. Corporation Name
ARIE MREJEN, P.A.

Principal Place of Business Mailing Address
6360 NW 6TH WAY SUITE 307 FT LAUDERDALE FL 33309 US **PO BOX 5082 FT LAUDERDALE FL 33310 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/19/1993** 3a. Date of Last Report **04/22/1994**

4. FEI Number **65-0412499** 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 **8360 W. OAKLAND** 26 **PO BOX 5082 FT LAUDERDALE FL 33310 US**

22 Suite, Apt. #, etc. **SUITE 307** 27 Suite, Apt. #, etc.

23 City & State **SUNRISE, FL** 28 City & State

24 Zip **33351** 25 Country **U.S.A.** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**MREJEN, ARIE
1333 S UNIVERSITY DR
SUITE 210
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name **ARIE MREJEN**
82 Street Address (P.O. Box Number is Not Acceptable) **8360 W. OAKLAND PARK BLVD.**
83 **SUITE 307**
84 City **SUNRISE** 85 State **FL** 86 Zip Code **33351**

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]* **ARIE MREJEN** DATE **4/13/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MREJEN, ARIE
STREET ADDRESS	1333 S UNIVERSITY DR, SUITE 210
CITY - ST - ZIP	PLANTATION 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

11 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	8360 W. OAKLAND	
13 STREET ADDRESS	SUITE 307	
14 CITY - ST - ZIP	SUNRISE, FL 33351	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 applicable, or on an attachment with no address.

SIGNATURE: *[Signature]* **ARIE MREJEN, Pres** DATE **4/13/95** (305) 2479700