

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 17 AM 9:20

DOCUMENT # P93000037810 (7)

1. Corporation Name

A AACHEN AALTO ASSURED EXPERT MOVERS CORP.

Principal Place of Business

4730 SW 27TH AVE
FT LAUDERDALE FL 33312

Mailing Address

4730 SW 27TH AVE
FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1993

3a. Date of Last Report

07/14/1994

4. FEI Number

65-0411986

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. 193(1)(f)
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 8647 NW 3 ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 592401

Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA.

City & State

28 MIAMI, FLORIDA.

24 33126

25 USA

29 33159

30 USA

9. Name and Address of Current Registered Agent

RASSNER RASSNER KRAMER & GOLD PA
7000 SW 62ND AVE
PENTHOUSE B
MIAMI FL 33143

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SANABRIA, RIGOBERTO
STREET ADDRESS	4730 SW 27TH AVE
CITY- ST- ZIP	FT LAUDERDALE FL 33312
TITLE	VST
NAME	SANABRIA, RIGOBERTO
STREET ADDRESS	4730 SW 27TH AVE
CITY- ST- ZIP	FT LAUDERDALE FL 33312
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	DP	☐ Change ☐ Addition
1.2 NAME	JOHANNE GOSSELIN	
1.3 STREET ADDRESS	8647 NW 3 ST.	
1.4 CITY- ST- ZIP	MIAMI, FLORIDA. 33126	
2.1 TITLE	VST	☐ Change ☐ Addition
2.2 NAME	JOHANNE GOSSELIN	
2.3 STREET ADDRESS	8647 NW 3 ST.	
2.4 CITY- ST- ZIP	MIAMI, FLORIDA 33126	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/95

(305) 623-1606

Date

Signature (Phone #)