

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

**CORPORATION,
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044433 (9)

1. Corporation Name

1450 SOUTH DIXIE HIGHWAY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1450 S DIXIE HIGHWAY
CORAL GABLES FL 33146
US**

Mailing Address
**9100 DADELAND BLVD
1602
MIAMI FL 33146
US**

3. Date incorporated or Qualified **06/23/1993** 3a. Date of Last Report **03/22/1994**

4. FEI Number **15-8348358** 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. 196.03, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. State: Apt # Unit 26 State: Apt # Unit

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

**HELMAN, NARD S
9100 SO DADELAND BLVD
STE 1602
MIAMI FL 33156**

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 607.01(4), 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 provisions of Sections 607.01(4), 607.1508, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PSD PUKEL, SANDY	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	2911 GRAND AVE	2. STREET ADDRESS	
3. CITY & STATE	COCONUT GROVE FL	3. CITY & STATE	☐ Change ☐ Addition
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	☐ Change ☐ Addition
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	☐ Change ☐ Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and chosen not qualify for the exemption signed at Section 1310.01(4)(b), Florida Statutes. I further certify that the information included on this filing was not copied or supplied and I would report it 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 registered agent or both and I am not to receive any compensation for executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, on an available form with no fee.

SIGNATURE: *Sandy Pukel* **5/1/95** **305 448-295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **719N**