

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

APPROVED
AND
FILED

95 APR 20 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049780 (8)

1. Corporation Name

JOHNNY DEVIL, INC.

Principal Place of Business

8001-G NW 97TH TERR.
MEDLEY FL 33178
US

Mailing Address

8001-G NW 97TH TERR.
MEDLEY FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1993

3a. Date of Last Report
03/08/1994

4. FEI Number
65-0429742

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

21. 3750 NW 81 St.

2a. Mailing Address

26. 3750 NW 81 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23. Miami FL

27. City & State

28. Miami FL

24. Zip

25. 33147

Country

26. USA

29. Zip

30. 33147

Country

31. USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

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

83. 151 CRANDON BLVD #141

84. City

85. Key Biscayne

FL

86. 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

Mario Frati

(If 213) This statement Agent's signature required when constituting.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRATI, MARIO
STREET ADDRESS	151 CRANDON BLVD., APT. 141
CITY - ST - ZIP	KEY BISCAINE FL
TITLE	VP
NAME	GABOR, STACY
STREET ADDRESS	151 CRANDON BLVD., APT. 141
CITY - ST - ZIP	KEY BISCAINE 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

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 changed, or on an attachment with an address.

SIGNATURE:

Mario Frati

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario Frati, Pres.

2/17/95