

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 AUG 15 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054398 (1)**

1. Corporation Name
AMERICA DIRECT, INC.

Mailing Address
**1070 S.E. NINTH TERRACE
HIALEAH FL 33010**

Principal Place of Business
**1070 S.E. NINTH TERRACE
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1993

3a. Date of Last Report

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address		2a. Principal Place of Business		4. FEI Number		Applied For	
21		26		05-043-2721		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
22		27		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
23 City & State		28 City & State		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
23		28		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
24 Zip		29 Zip		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
25 Country		30 Country		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
25		30		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENTHAL KERRY E
1031 NORTH MIAMI BEACH BLVD.
NORTH MIAMI BEACH FL 33162**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	MAYRSHON BERNARD	12 NAME	
13 STREET ADDRESS	1070 S.E. NINTH TERRACE	13 STREET ADDRESS	
14 CITY - ST - ZIP	HIALEAH FL 33010	14 CITY - ST - ZIP	
21 TITLE	D	21 TITLE	
22 NAME	MAYRSONH MARK	22 NAME	
23 STREET ADDRESS	1070 S.E. NINTH TERRACE	23 STREET ADDRESS	
24 CITY - ST - ZIP	HIALEAH FL 33010	24 CITY - ST - ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		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 law 199.032(1)(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 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Aug. 9 1994