

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

**CORPORATION
ANNUAL REPORT
1995**



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

***APPROVED
AND
FILED**

MAY -1 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056465 (6)

1. Corporation Name

**COAST TO COAST REPAIR AND MAINTENANCE SERVICE, C
O.**

Principal Place of Business

**12177 SW 131 AVE
MIAMI FL 33186**

Mailing Address

**12177 SW 131 AVE
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

06/14/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0426522

Applied For

Not Applicable

State Apt # etc

22

State Apt # etc

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

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

**LOPEZ, MARYLENA
12177 SW 131 AVE
MIAMI FL 33186**

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 607.0105 and 607.1508, Florida Statutes, this 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 607.0105, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when changing registered office)

(Signature of New Registered Agent required when changing registered office)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD -
NAME	MUNNE, GUSAN-
STREET ADDRESS	12177 SW 131 AVE-
CITY, ST, ZIP	MIAMI FL 33186-
TITLE	VSD-
NAME	LOPEZ, MARYLENA
STREET ADDRESS	12177 SW 131 AVE
CITY, ST, ZIP	MIAMI FL 33186
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	

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(g), Florida Statutes. I further certify that the information is correct on the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13, as changed, or on an attachment with an address.

SIGNATURE:

Marylena Lopez
President
Marylena Lopez

2-9-95 (305) 155-9910