FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Secretary of State

APPROVED AND FILED

[illegible] 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067954 (6)**

1. Corporate Name
SYNERGISMO CORP.

Principal Address
1474-A W 84 ST
HIALEAH FL 33014

Mailing Address
1474-A W 84 ST
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **09/24/1993**
3a. Date of Last Report: **02/02/1994**

2. FEI Number Applied For ☐
4. FEI Number: **65-0450132** 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. 199.032, Florida Statutes.* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OSMAN, L MICHAEL
1474-A W 84 ST
HIALEAH FL 33014

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

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN L
1 TITLE **PSD** 1 NAME **OSMAN, L MICHAEL** 1 STREET ADDRESS **1474-A W 84 ST** 1 CITY ST ZIP **HIALEAH FL 33014**	☐ Change ☐ Addition
2 TITLE **VD** 2 NAME **OSMAN, CRAIG A** 2 STREET ADDRESS **1474-A W 84 ST** 2 CITY ST ZIP **HIALEAH FL 33014**	☐ Change ☐ Addition
3 TITLE ~~D~~ 3 NAME ~~NAZIR, MAHTANI~~ 3 STREET ADDRESS ~~15006 NW 87 CT~~ 3 CITY ST ZIP ~~HIALEAH FL~~	☒ Change ☐ Addition Delete
4 TITLE ~~D~~ 4 NAME ~~KAWAL SHIRAZ S~~ 4 STREET ADDRESS ~~15006 NW 87 CT~~ 4 CITY ST ZIP ~~HIALEAH FL~~	☒ Change ☐ Addition Delete
5 TITLE D 5 NAME Ty H. Osman 5 STREET ADDRESS 3926 Skyline Drive 5 CITY ST ZIP Nashville, TN. 37215	☐ Change ☒ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY ST ZIP	☐ Change ☐ Addition

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this 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 1, or Block 11 if changed, on this report or on an attachment with an address.

SIGNATURE: [signature], Pres. **5-6-95** **305-823-1401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084716 CF