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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:15

DOCUMENT # **P93000073125 (5)**

1. Corporation Name
MILENA CHRISTOPHER, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3471 N FEDERAL HWY SUITE 606 FT LAUDERDALE FL 33306	3471 N FEDERAL HWY SUITE 606 FT LAUDERDALE FL 33306

3. Date Incorporated or Qualified: 10/21/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 500 Southeast 6th St.	26 500 Southeast 6th St.
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Ft. Lauderdale Fl ~~33304~~	City & State 28 Ft. Lauderdale Fl
Zip 24 33301 Country 25 USA	Zip 29 33301 Country 30 USA

4. FEI Number: 65-0446381 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHRISTOPHER, MILENA
3471 N FEDERAL HWY
SUITE 606
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name: CHRISTOPHER, MILENA
82 Street Address (P.O. Box Number is Not Acceptable): 500 Southeast 6th St
83: Suite 100
84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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: [signature] DATE: 1/30/95
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	CHRISTOPHER, MILENA	1.2 NAME	CHRISTOPHER, MILENA
STREET ADDRESS	3471 N FEDERAL HWY SUITE 606	1.3 STREET ADDRESS	500 Southeast 6th St. Suite 100
CITY-ST-ZIP	FT LAUDERDALE FL 33306	1.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33301
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), 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: [signature] MILENA CHRISTOPHER 1/30/95 (305)462-5297
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0215371 CP