

CORPORATION
ANNUAL REPORT
1995



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

Principal Place of Business	Mailing Address
1720 HARRISON ST. HOME SAVINGS SUITE 1810 HOLLYWOOD FL 33020	1720 HARRISON ST. HOME SAVINGS SUITE 1810 HOLLYWOOD FL 33020

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent	
JOSE J. OLDANI II 4720 O HARRISON H. #1805 HOLLYWOOD FL 33020	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and accept the obligations of, Section 607.0505, Florida Statutes.

JOSEPH J. OLDA

SIGNATURE _____ (Printed name of registered agent and term expiration) _____ (M31: Registered Agent signature required)

[illegible]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally certify that the information indicated on this annual report or supplemental annual report is true and accurate, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH J. OLDAN JOSEPH J. OLDAN
PRINT NAME AND TITLE OR PRINT NAME OF SIGNED OFFICER OR DIRECTOR

APPROVED
AND
FILED
1955 MAY -1 PM 6-51
TALLAHASSEE, FLORIDA

600001492436
-05/17/95--01173--016
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/06/1993	3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE	☒ 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	

10. Name and Address of New Registered Agent

_____ (P.O. Box Number is Not Acceptable)

FL	85	Zip Code _____
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ation submits this statement for the purpose of changing its registered office
d of directors. I hereby accept the appointment as registered agent. I am
NI II APR 26 1995
when transacting DATE

[illegible]

for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further
state and that my signature shall have the same legal effect as if made under
a report as required by Chapter 107, Florida Statutes, and that my name

APR 26 1995
925-2727

100-443888-100