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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000000987 (5)

1. Corporation Name
JOSE CARRODEGUAS, INC.

Principal Place of Business	Mailing Address
% JONATHAN H GREEN PA 2400 S DIXIE HWY SUITE 105 MIAMI FL 33133	% JONATHAN H GREEN PA 2400 S DIXIE HWY SUITE 105 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1994	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 215 Lenape Dr	26 215 Lenape Dr	65-0460208	<input type="checkbox"/> Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.		
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Miami Springs FL	28 Miami Springs FL		
Zip	Zip	8. This corporation has liability for intangible tax under S. 199.033, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33166	25 Dade		
	29 33166		
	30 Dade		

9. Name and Address of Current Registered Agent

**GREEN, JONATHAN H
% JONATHAN H GREEN PA
2400 S DIXIE HWY SUITE 105
MIAMI FL 33133**

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 _____ DATE _____
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRODEGUAS, JOSE	12 NAME	
STREET ADDRESS	% JOSE CARRODEGUAS 215 LENARD DR	13 STREET ADDRESS	215 LENAPE DR.
CITY, ST, ZIP	MIAMI SPRINGS FL 33168	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	★
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 Section 110.07(3)(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. I am an officer or director of the corporation, its successor or trustee empowered to execute this report as required by Chapter 1807, Florida Statutes, and that my name appears in Block 12 or Block 13. (Change, correction or attachment with an address)

SIGNATURE: *[Signature]* **3/21/95** **305 265-9587**
DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR