

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 9:32

DOCUMENT # P94000005308 (9)

1. Corporation Name
NAR-DOR, INC.

Principal Place of Business
**155 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

Mailing Address
**155 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created **01/21/1994** 3a. Date of Last Report

4. FEI Number **65-0466174** 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

2. Principal Place of Business
21 **5785 Sunset DR**
Suite, Apt. #, etc.
22 **S. Miami**

2a. Mailing Address
26 **5785 Sunset DR**
Suite, Apt. #, etc.
27

City & State
23 **S. Miami FL**
Zip
24 **33143** County
25 **Dade**

City & State
28 **S. Miami**
Zip
29 **33143** County
30 **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAUNDERS, THOMAS C
395 S CENTRAL AVENUE
BARTOW FL 33830**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD**
NAME **NARCIANDI, FERNANDO**
STREET ADDRESS **13773 S.W. 180TH STREET**
CITY, ST, ZIP **MIAMI FL 33177**

TITLE **VTD**
NAME **DORSEY, THOMAS D**
STREET ADDRESS **12040 S.W. 113TH AVENUE**
CITY, ST, ZIP **MIAMI FL 33176**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **12834 S.W. 119 terrace**
1.4 CITY, ST, ZIP **MIAMI FL 33156**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

REMITTED BY MAY 1

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 0305/665 2420