

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Seal of the State
Capital Building, Tallahassee, Florida

APPROVED
AND
FILED

55 JUL 25 PM 3:21

DOCUMENT # **P94000023084 (4)**

1. Variation of Fees:

CONFESIONES DE TU IDOLO CORP.

Principal Place of Business: **2960 CORAL WAY MIAMI FL 33145**
Mailing Address: **2960 CORAL WAY MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/15/1994** 3a. Date of Last Report:

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

4. FEI Number: **05-0489273** Applied For: ☐ Not Applicable: ☐
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for delinquent tax under the corporate Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERCUSON, DAVID
9130 SOUTH DADELAND BOULEVARD
TWO DATRAN CENTER, SUITE #1704
MIAMI FL 33156**

81. Name: **BERCUSON, DAVID**
82. P.O. Box Number (if Not Applicable):
83. **FL** 85. Zip Code: **33156**

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent for the Corporation)

(Signature of Registered Agent or Designated Agent for the Corporation)

(Signature)

12. OFFICERS AND DIRECTORS
NAME: **D HANE, JORGE**
STREET ADDRESS: **1130 WASHINGTON AVENUE, 7TH FLOOR**
CITY, STATE, ZIP: **MIAMI BEACH FL 33139**
NAME: **D PINO, BETTY**
STREET ADDRESS: **2960 CORAL WAY**
CITY, STATE, ZIP: **MIAMI FL 33145**
NAME: **D SUAREZ, AMANCIO**
STREET ADDRESS: **2960 CORAL WAY**
CITY, STATE, ZIP: **MIAMI FL 33145**
NAME: **D BERCUSON, DAVID**
STREET ADDRESS: **2 DATRAN CNTR., #1704, 9130 S DADELAND BL**
CITY, STATE, ZIP: **MIAMI FL 33156**

13. ☐ Change ☐ Addition
14. NAME: **100001542021**
STREET ADDRESS: **-07/27/95--01080--001**
CITY, STATE, ZIP: ******225.00 ****225.00**
15. NAME: **SSS**
STREET ADDRESS: **7/25/95**
CITY, STATE, ZIP: **6/20/95**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR