FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025095 (8)**

1. Corporate Name
HOST INTERNATIONAL SERVICE OF MIAMI, CORP.

Principal Place of Business
100 EDGEWATER DR.
#300
CORAL GABLES FL 33133

Mailing Address
100 EDGEWATER DR.
#300
CORAL GABLES FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite Apt. #, etc. (22) | Suite Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 65-0483923 ☐ 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 [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BABACGEFF, MARY
100 EDGEWATER DR.
#300
CORAL GABLES 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 Section 607.0501 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 [illegible]

12. OFFICERS AND DIRECTORS

Title: D
Name: BABACHEFF, MARY
Street Address: 100 EDGEWATER DR. #300
City-St-Zip: CORAL GABLES FL 33133
fax 305-661-0596

Title: Presidnt.

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, accurate and complete. I am a director or officer 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: X Mary Babacheff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY BABACHEFF-President

April 30, 1995
Date

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