

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MARSHALL
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025095 (8)**

1. Corporation 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

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 liability for intangible tax under Chapter 208,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BABACHEFF, MARY
100 EDGEWATER DR.
#300
CORAL GABLES FL 33133**

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 of Registered Agent (must be signed by the Registered Agent)

Signature of New Registered Agent (must be signed by the New Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

12. OFFICERS AND DIRECTORS
1. NAME D BABACHEFF, MARY
2. STREET ADDRESS 100 EDGEWATER DR. #300
3. CITY, ST. ZIP CORAL GABLES FL 33133
4. TITLE President.
5. NAME
6. STREET ADDRESS
7. CITY, ST. ZIP
8. NAME
9. STREET ADDRESS
10. CITY, ST. ZIP
11. NAME
12. STREET ADDRESS
13. CITY, ST. ZIP
14. NAME
15. STREET ADDRESS
16. CITY, ST. ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)
1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST. ZIP
8. NAME
9. STREET ADDRESS
10. CITY, ST. ZIP
11. NAME
12. STREET ADDRESS
13. CITY, ST. ZIP
14. NAME
15. STREET ADDRESS
16. CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information included 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 use 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 addition.

SIGNATURE: **X**

Mary Babacheff
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY BABACHEFF - President

April 30, 1995
DATE