

**WARNING NOTICE: CORPORATION WILL BE DISCLOSED ON OR AFTER AUGUST 2, 1995.
AMOUNT PAID ON OR BEFORE APRIL 26, 1995 BY DEPOSITING, REMITTANCE AMOUNT DUE TO DISCLOSE: 1995**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE
FILED DIVISION OF CORPORATIONS

DOCUMENT # P94000026355 (5)

95 JUN 26 95 AM 8:31

1. Corporation Name

RAPPORT ASSOCIATES, INC.

Principal Place of Business

**8138 ANATTO CT.
ORLANDO FL 32822**

Altering Address

**8138 ANATTO CT.
ORLANDO FL 32822**

(See Part 1, Section 1, Subpart 1)

3. Date of Incorporation (or Reincorporation)

04/04/1994

3a. Date of Last Report

2. Principal Place of Business

21

2b. Altering Address

26

4. Certificate Number

59-3246229

Approved For

File Acquisition

22. Certificate # of

22

27. Certificate # of

27

5. Certificate Status (Default)

☐

\$8.75 Additional Fee Required

23. Certificate # of

23

28. Certificate # of

28

6. Certificate Status (Default)

☐

\$5.00 May Be Added to Fees

24. Certificate # of

24

25. Certificate # of

25

29. Certificate # of

29

30. Certificate # of

30

8. Other Corporation Information (See Instructions for Part 8, Section 1, Subpart 1)

Florida Statute

☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAPPORT, REID V
8138 ANATTO CT.
ORLANDO FL 32822**

81. Name

82. Date of Appointment

83. Name

84. Date of Appointment

FL

85. Name

11. I, the undersigned, being a resident of this State, and being a duly qualified person, do hereby certify that the information furnished herein is true and correct, and that the same is in accordance with the provisions of the laws of this State relating to the filing of reports of corporations.

12. Name and Address of Current Registered Agent

**D
RAPPORT, REID V
8138 ANATTO CT.
ORLANDO FL 32822**

13. Name and Address of New Registered Agent

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

SIGNATURE:

Reid V. Rapport
Reid V. Rapport

6/21/95 402X56B-1615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0048072 CP

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

1995



DOCUMENT # P94000026949 (5)

N

MILL CREEK FARMS, INC.

9130 SOUTH DADELAND BLVD
2 DATRAN CENTER - SUITE 1509
MIAMI FL 33156

9130 SOUTH DADELAND BLVD
2 DATRAN CENTER - SUITE 1509
MIAMI FL 33156

4675 Ponce de Leon, Suite 305, Coral Gables FL 33146
4675 Ponce de Leon, Suite 305, Coral Gables FL 33146

04/08/1994

65-0482899

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAY ST.
TALLAHASSEE FL 32301

Tracey A. Skinner
Suite 305
4675 Ponce de Leon Blvd
Coral Gables FL 33146

10. Name and Address of New Registered Agent

FL

6/19/95

D
ROUSE, THOMAS C
9130 S. DADELAND BLVD., 2 DATRAN CTR., #1509
MIAMI FL 33156

Tracey Thomas C
Suite 305 4675 Ponce de Leon
Coral Gables FL 33146

SIGNATURE: X

3/10/95 305 2708606

**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)**

PERMIT
CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. SANCHEZ
COMMISSIONER
TALLAHASSEE, FLORIDA 32399-0001

FILED
TALLAHASSEE, FLORIDA
JUL 11 1995

DOCUMENT # P94000027184 (8)

MY SIGNATURE SERVICES, INC.

1688 FLOYD STREET
SARASOTA FL 34239

1688 FLOYD STREET
SARASOTA FL 34239

04/08/1994

65-0499598

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCKINDLE, JAMIE
1688 FLOYD STREET
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81	First Name	
82	Last Name	
83	Address	
84	City	
85	State	FL

11. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that the undersigned is the duly authorized agent of the corporation to execute this statement and to file the same with the Department of State. I understand that the undersigned is responsible for the payment of the fee for this statement and for the payment of the fee for the annual report of the corporation.

12	PSTD MCKINDLE, JAMIE 1688 FLOYD STREET SARASOTA FL 34239
13	First Name
14	Last Name
15	Address
16	City
17	State
18	Zip
19	First Name
20	Last Name
21	Address
22	City
23	State
24	Zip
25	First Name
26	Last Name
27	Address
28	City
29	State
30	Zip

14. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that the undersigned is the duly authorized agent of the corporation to execute this statement and to file the same with the Department of State. I understand that the undersigned is responsible for the payment of the fee for this statement and for the payment of the fee for the annual report of the corporation.

SIGNATURE:

Jamie G. McKindle
JAMIE G. MCKINDLE, President

6-12-95

813 9511558

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)



1995

DOCUMENT # P94000027635 (9)

CIMMARON ASSOCIATES, INC.

33 CIMMARON DRIVE
PALM COAST FL 32137

33 CIMMARON DRIVE
PALM COAST FL 32137

2. Name of Corporation		2a. Date of Incorporation		3. Date of Application		3a. Date of Filing	
21. 1291 Glencrest Drive		26. 1291 Glencrest Drive		59-3245908		04/11/1994	
22. Heathrow, FL 32746		27. Heathrow, FL 32746		5. Number of Shares Issued		\$8.75 Additional Fee Required	
23.		28.		6. Name of Registered Agent		\$5.00 May Be Added to Fees	
24.		25.		29.		30.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137

81. Name	82. State of Incorporation	83. Date of Incorporation	84. Date of Application	85. Date of Filing
				FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above corporation is a corporation organized under the laws of the State of Florida, and that the above information is true and correct to the best of my knowledge and belief.

12. Name of Agent	13. Name of Agent
D NYE, THOMAS A JR 33 CIMMARON DRIVE PALM COAST FL 32137	President Nye, Thomas A Jr. 1291 Glencrest Drive Heathrow, FL 32746

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above corporation is a corporation organized under the laws of the State of Florida, and that the above information is true and correct to the best of my knowledge and belief.

SIGNATURE: *Thomas A Jr Nye* 6-21-95 407-3339786

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000028197 (9)

ACCENTS ON CERAMICS, INC.

Principal Place of Business
1711 N. STATE ROAD 7
SUITE "O"
MARGATE FL 33063

Mailing Address
1711 N. STATE ROAD 7
SUITE "O"
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 1/11/94
4. FEI Number 65-0486555	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 intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. ☐	28. ☐
24. ☐	29. ☐
25. ☐	30. ☐

9. Name and Address of Current Registered Agent
ZIPPAY, CATHERINE W ESQ.
1401 UNIVERSITY DRIVE
SUITE 301
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent	
B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. ☐	
B4. City	FL B5. Zip Code

11. Pursuant to the provisions of Sections 605.0402 and 605.1508, 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 605.0405, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ☐ Change ☐ Addition	
NAME	D DIANTONIO, LOUISE 1711 N. STATE ROAD 7 MARGATE FL 33063	1. NAME	
NAME	D DELORENZO, JO ANN 1711 N. STATE ROAD 7 MARGATE FL 33063	2. NAME	
NAME	D MAHER, DOROTHY 1711 N. STATE ROAD 7 MARGATE FL 33063	3. NAME	
NAME		4. NAME	
NAME		5. NAME	
NAME		6. NAME	
NAME		7. NAME	
NAME		8. NAME	
NAME		9. NAME	
NAME		10. NAME	

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 194.03(4)(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. That I am an officer or director of the corporation at the time of or before preparation of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or new statement with an address.

SIGNATURE: *Jo Ann DeLorenzo* **6/17/94** **205 9793430**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)

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

1995



DOCUMENT # P94000028412 (2)

K.M.S. ENTERPRISES, INC.

6091 SW 1ST ST
PLANTATION FL 33314

6091 SW 1ST ST
PLANTATION FL 33314

04/14/1994

65-048146

**\$8.75 Additional
Fee Required**

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

KOWALSKI, MICHAEL J
6091 SW 1ST ST
PLANTATION FL 33314

10. Name and Address of New Registered Agent

FL

PTVS
KOWALSKI, MICHAEL J
6091 SW 1ST ST
PLANTATION FL 33314

$$A_1 \cup B_1 \cup C_1 \cup D_1 \cup E_1 \cup F_1 \cup G_1 \cup H_1 \cup I_1 \cup J_1 \cup K_1 \cup L_1 \cup M_1 \cup N_1 \cup O_1 \cup P_1 \cup Q_1 \cup R_1 \cup S_1 \cup T_1 \cup U_1 \cup V_1 \cup W_1 \cup X_1 \cup Y_1 \cup Z_1$$

SIGNATURE:

SIGNATURE AND TYPED (IN FULL) NAME OF ISSUING OFFICIAL (SEE FORM 101)

Brickley 1/12/95 MS. 584825

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFEIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

FILED
STATE

DOCUMENT # P94000028416 (3)

OXY-LAB, INC.

1. Principal Office Address 1179 TANGELO AVE WEST PALM BEACH FL 33406		2a. Mailing Address 1179 TANGELO AVE WEST PALM BEACH FL 33406		3. Date of Incorporation or Organization 04/13/1994		3a. Date of Last Report	
2. Principal Office Telephone 21		2a. Mailing Address 26		4. Filing Number 65-0496873		Appoint for Not Applicable	
2b. City, State, and Zip 22		2a. City, State, and Zip 27		5. Certificate of Status Desired 58.75 Additional Fee Required			
2c. City, State, and Zip 23		2a. City, State, and Zip 28		6. Fee for Amending Certificate of Status \$5.00 May Be Added to Fees			
2d. City, State, and Zip 24		2a. City, State, and Zip 29		8. This corporation has not been organized in accordance with the Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent DIMICK, MARION L 4844 C-1 SABLE PINE DRIVE WEST PALM BEACH FL 33417				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State FL 85. Zip Code			
11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required in part 1 of part 1 of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation with effect from the date of filing of this statement. Florida Statutes.							
SIGNATURE							
12. OFFICER, AND DIRECTORS				13. SECRETARY AND TREASURER			
NAME DP DIMICK, MARION L 1179 TANGELO AVE. WEST PALM BEACH FL 33406				NAME ☐ Change ☐ Add			
NAME DV DIMICK, LEWIS E IV 1179 TANGELO AVE. WEST PALM BEACH FL 33406				NAME ☐ Change ☐ Add			
NAME DST DIMICK, IRIS M 1179 TANGELO AVE. WEST PALM BEACH FL 33406				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			
NAME				NAME ☐ Change ☐ Add			

14. I hereby certify that the information supplied with this filing is correct, true and complete, and that I am not aware of any information that would cause this corporation to be considered a defunct corporation under the provisions of the Florida Statutes. I hereby accept the appointment as registered agent of the corporation with effect from the date of filing of this statement. Florida Statutes.

SIGNATURE: L. Dimick, President **6/16/95** **407-689-0424**

CR2E034 (3/95)

**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
Jeffrey B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P94000029230 (7)

TRAIN TO ATTAIN, INC.

1. Principal Office Location: P.O. BOX 650323 VERO BEACH FL 32965 2. Mailing Address: P.O. BOX 650323 VERO BEACH FL 32965		3. Date of Incorporation: 04/18/1994 4. FID Number: 59-3244852 5. Number of Shares Issued: ☐ \$8.75 Additional Fee Required 6. ☐ \$5.00 May Be Added to Fees 7. This corporation has adopted the following bylaws: ☒ Yes ☐ No	
2. Principal Office Location: 21 2a. Mailing Address: 26 2b. City, State: 27 2c. Country: 28 2d. 29 2e. 30		3a. Date of Last Report: 04/18/1994 3b. ☐ Applied For ☐ Not Applicable	
9. Name and Address of Current Registered Agent: BARKETT, BRUCE D 756 BEACHLAND BLVD. VERO BEACH FL 32963		10. Name and Address of New Registered Agent: FL	
11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of fulfilling its reporting obligations to the State of Florida, and that the information contained herein is true and correct to the best of my knowledge and belief.		12. DUNN, KAREN S P.O. BOX 650323 VERO BEACH FL 32965	
13. DUNN, KAREN S P.O. BOX 650323 VERO BEACH FL 32965		14. 6/20/95 407-5694118	

CR2E034 (3/95)

[illegible]

DOCUMENT # **P94000029235 (6)**

WEST ORANGE 5, INC.

1575 MAGUIRE ROAD
OCFEE FL 34761

1575 MAGUIRE ROAD
OCFEE FL 34761

21 Same as above

26. Same as above

22

27

23

28

24

25

1000

30

3a. Date of report	04/18/1994	3b. Type of report	First report
4. Identification	543737348	Applicant's sex	
		Applicant's age	

5. **Additional Fee Required**

6. First Aid Certification (Required) **\$5.00 May Be**
First Aid Certification **Added to Fee**

8. The following are the names of the persons who have been appointed as members of the committee:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROCHON, PIERRE
1575 MAGUIRE
OCFEE FL 34761

81	NAME	ROCHON PIERRE
82	STREET ADDRESS (or PO BOX) - Last 4 digits	490 laurenberg hano.
83		
84	CITY	FL 34761

11. The purpose of this document is to provide information regarding the proposed amendments to the conditions of the proposed license. The proposed amendments are intended to ensure that the license is consistent with the state's public health and safety laws, and to ensure that the license is consistent with the state's public health and safety laws, and to ensure that the license is consistent with the state's public health and safety laws.

VIA

12. D
ROCHON, PIERRE
6225 WESTGATE, APT. 706
ORLANDO FL 32835

13.	ALBERTA HILL, HAWARD HILL, LORRAINE HILL, ANNE HILL, 400 1/2
NAME	ROCHELLE PIERRE
DATE	490 Chambersburg Lane
ADDRESS	Ocala, Florida, 34761
NAME	William Camacho
DATE	1575 Maquire Rd
ADDRESS	Ocala, Florida, 34761

14. I stated, also, that the two groups appeared different, being considerably fattened and heavier, and equal, for the experiment, which was to be that of the two groups of the other cell, that the difference in the amount of food required for supporting the animals appeared to be about equal, and that the appearance of the two groups was that of the same animals that had been kept together in the same food for the purpose of the experiment of the same of the same experiment. I cannot but repeat the fact that the two groups of the other cell appeared to be the same as the two groups of the other cell, and that the two groups of the other cell appeared to be the same as the two groups of the other cell.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF ISSUING OFFICIAL OR DIRECTOR

PIERRE RCI HOL

Sum 12/95 407.877.3489

[illegible]

1995

DOCUMENT # **P94000029334 (7)**

C.A.T. TOBACCO CORP.

5015 SW 87TH CT
MIAMI FL 33165

5015 SW 87TH CT
MIAMI FL 33165

04/18/1994

65-0494630

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

TORANO, CARLOS
5015 SW 87TH CT
MIAMI FL 33165

FL

95



10

10

1
2
3
4
5

1

1

TORANO, CARLOS
5015 SW 87TH CT
MIAMI FL 33165

D
TORANO, TERESITA P
5015 SW 87TH CT
MIAMI FL 33165

~~RE~~ P
CAROLINA TORANO

5.7.
TERESITA P. TORANO
5015 SW 87th
MIAMI, FL 33161

P
CAROLINA TORANO
15 PHOENETIA. Apt 401
CORAL GABLES FL 33134

SVR
CARLOS O. TORAÑO
4135 BAY LAUREL WAY
BOCA RATON, FL 33487

SIGNATURES:

SIGNATURE AND TYPE OR PRINTED NAME OF ISSUING OFFICE OR DIRECTOR

6/19/91

305-264-2113

CA2E034 (3'95)

005240 CP

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95 \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**



DOCUMENT # P94000029696 (9)

SWINGA, INC.

2640 N E 135TH ST
SUITE 102
MIAMI FL 33181

2640 NE 135TH ST
SUITE 102
MIAMI FL 33181

04/19/1994

65-0482686

\$8.75 Additional
Fee Required

**\$5.00 May Be
Added to Fees**

Name and Address of Current Registered Agent

HUTSON, LEE SR
2640 N.E. 135TH ST.
SUITE 102
MIAMI FL 33181

10 Name and Address of New Registered Agent

FL

157

D
HUTSON, LEE JR
2640 N.E. 135TH ST #102
MIAMI FL 33181

HUTSON, JANICE
2640 N.E. 135TH ST #102
MIAMI FL 33181

MIAMI, FL 33181

MIAMI, FL 3318

SIGNATURE:

SIGNATURE AND WEDD OR PRINTED NAME OF COMMANDING OFFICER OR DUTY OFFICER

6/21/95 945-1093

0004218 CP

**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
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # P94000029742 (1)

N

**SOCIEDAD LATINOAMERICANA DE GASTROENTEROLOGIA Y
HEPATOLOGIA, INC.**

Principal Office of Corporation: 334 MINORCA AVENUE
SUITE 200
CORAL GABLES FL 33134

Mailing Address: 334 MINORCA AVENUE
SUITE 200
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21. 5101 S. W. 8 Street
22. Suite Apt. # etc.: 26. 5101 S. W. 8 Street
23. City & State: Miami, Florida
24. Zip: 33175 25. Country: USA
27. City & State: Miami, Florida
28. Zip: 33175 29. Country: USA

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:
4. FEI Number: 59-1537728
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.03? Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent: BRIDGES, ROGER A
334 MINORCA AVENUE
SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent:
81. Name:
82. P.O. Box Number is Not Acceptable:
83.
84. City: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	D BRIDGES, ROGER A 334 MINORCA AVENUE, SUITE 200 CORAL GABLES FL 33134	NAME	☐ Change ☐ Addition
NAME	P-D HERNANDEZ, Moises E. 5101 S. W. 8 Street Miami, Florida 33175	NAME	☐ Change ☐ Addition
NAME	VP-D ALBERTI-FLOR, Juan J. 5101 S. W. 8 Street Miami, Florida 33175	NAME	☐ Change ☐ Addition
NAME	S-D FERRER, Jose Porfirio 5101 S. W. 8 Street Miami, Florida 33175	NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(1)(b), Florida Statutes. I further certify that the information included in 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I have attached with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON PROXY: Jose Porfirio Ferrer, M.D., Secretary

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

APR 14 1995

1995



DOCUMENT # P94000030836 (8)

SYSTELEC CORP.

3900 N.W. 79 AVE., SUITE 650
MIAMI FL 33166

3900 N.W. 79 AVE., SUITE 650
MIAMI FL 33166

2. Filing Office Address		2a. Mailing Address		3. Date of Filing		3a. Date of Payment	
21. 8145 NW 7 ST		26. 8145 NW 7 ST		04/22/1994			
22. 516		27. 516		4. EIN 65-0484619		Applied For	
23. MIAMI, FL		28. MIAMI, FL		5. Certificate Number (Optional)		Not Applicable	
24. 33126		29. 33126		6. Fee for a Sample Form and Instructions		\$8.75 Additional Fee Required	
25. USA		30. USA		7. Fee for a Sample Form and Instructions		\$5.00 May Be Added to Fees	
				8. This corporation has liability for the information provided in this filing		X	

9. Name and Address of Current Registered Agent

DIAZ, JAIRO R
8185 N.W. 7 ST.
411
MIAMI FL 33126

10. Name and Address of New Registered Agent

81. Name	DIAZ, JAIRO R
82. Street Address, if different from above	8145 NW 7 ST
83. City	# 516
84. State	MIAMI
85. Zip	FL 33126

11. I, the undersigned, being a resident or officer or director of the corporation, do hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and that I am a resident or officer or director of the corporation.

[Signature] 5-16-95

12. PTD DIAZ, JAIRO R 8185 N.W. 7 ST., # 411 MIAMI FL 33126 VS DIAZ, MISHLYS C 8185 N.W. 7 ST., # 411 MIAMI FL 33126	13. PTD DIAZ, JAIRO R 8145 NW 7 ST, # 516 MIAMI, FL, 33126 VS DIAZ, MISHLYS 8145 NW 7 ST # 516 MIAMI, FL, 33126
---	--

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95 (305)265-9744

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



DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 1000 BANKERS BUILDING
 TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P94000031009 (1)

PLATINUM HOLDINGS, INC.

2823 MONTMART DR.
 ORLANDO FL 32812

2823 MONTMART DR.
 ORLANDO FL 32812

2. Filing Date: 04/22/1994		3a. Filing Date Requested: 04/22/1994	
21. 6201 Markett Road	26. 6201 Markett Road	4. Filing Number: 59-3243578	Agreement for Next Application
22. Orlando FL	27. Orlando FL	5. Certificate of Status: Issued	\$8.75 Additional Fee Required
23. 32809	28. 32809	6. Fee for Preparation: \$5.00 May Be Added to Fees	
24. USA	29. USA	7. The corporation is subject to the jurisdiction of the State of Florida: Yes	

9. Name and Address of Current Registered Agent: HOLLOWAY, JOHN W 2823 MONTMART DR. ORLANDO FL 32812		10. Name and Address of New Registered Agent: John W. Holloway 6201 Markett Road Orlando FL 32809	
---	--	--	--

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original of the above-captioned document as filed with the Department of State, Division of Corporations, on the date indicated above. I am a resident of the State of Florida and am duly qualified to act as a registered agent for the corporation named herein.

12. D HOLLOWAY, JOHN W 2823 MONTMART DR. ORLANDO FL 32812	13. 6201 Markett Road Orlando FL 32809
--	---

14. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original of the above-captioned document as filed with the Department of State, Division of Corporations, on the date indicated above. I am a resident of the State of Florida and am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: *John W. Holloway* 6/19/95 407-835-4712

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

FORM 1001

1995



STATE OF FLORIDA

DEPARTMENT OF REVENUE

FLORIDA CORPORATION TAX

SECTION 190.01, F.S.

DOCUMENT # P94000031633 (8)

PENSACOLA SCHOOL OF BALLET STUDIOS, INC.

6927 NORTH NINTH AVENUE
PENSACOLA FL 32514

6927 NORTH NINTH AVENUE
PENSACOLA FL 32514

2. Filing Date		2a. Mailing Address		3. Filing Date		3a. Date of Last Report	
21		26		04/22/1994		3a	
22		27		4. Filing Number		4a. Filing Fee	
23		28		59-3246494		Not Applicable	
24		29		5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
25		30		6. Location of Corporate Records		\$5.00 May Be Added to Fees	
26		31		7. This corporation has liability for corporate taxes under the Florida Statutes.		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

NADER, STEVE JR.
6927 NORTH NINTH AVENUE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
85. State

FL

11. If the agent is a corporation, it must have been organized under Florida Statutes. The agent is hereby certifying this statement for the purpose of filing this report with the Department of Revenue. If the agent is a corporation, it must have been organized under Florida Statutes. The agent is hereby certifying this statement for the purpose of filing this report with the Department of Revenue.

12. Filing Date		13. Filing Date	
14. Filing Date		15. Filing Date	
16. Filing Date		17. Filing Date	
18. Filing Date		19. Filing Date	
20. Filing Date		21. Filing Date	
22. Filing Date		23. Filing Date	
24. Filing Date		25. Filing Date	
26. Filing Date		27. Filing Date	
28. Filing Date		29. Filing Date	
30. Filing Date		31. Filing Date	
32. Filing Date		33. Filing Date	
34. Filing Date		35. Filing Date	
36. Filing Date		37. Filing Date	
38. Filing Date		39. Filing Date	
40. Filing Date		41. Filing Date	
42. Filing Date		43. Filing Date	
44. Filing Date		45. Filing Date	
46. Filing Date		47. Filing Date	
48. Filing Date		49. Filing Date	
50. Filing Date		51. Filing Date	
52. Filing Date		53. Filing Date	
54. Filing Date		55. Filing Date	
56. Filing Date		57. Filing Date	
58. Filing Date		59. Filing Date	
60. Filing Date		61. Filing Date	
62. Filing Date		63. Filing Date	
64. Filing Date		65. Filing Date	
66. Filing Date		67. Filing Date	
68. Filing Date		69. Filing Date	
70. Filing Date		71. Filing Date	
72. Filing Date		73. Filing Date	
74. Filing Date		75. Filing Date	
76. Filing Date		77. Filing Date	
78. Filing Date		79. Filing Date	
80. Filing Date		81. Filing Date	
82. Filing Date		83. Filing Date	
84. Filing Date		85. Filing Date	
86. Filing Date		87. Filing Date	
88. Filing Date		89. Filing Date	
90. Filing Date		91. Filing Date	
92. Filing Date		93. Filing Date	
94. Filing Date		95. Filing Date	
96. Filing Date		97. Filing Date	
98. Filing Date		99. Filing Date	
100. Filing Date		101. Filing Date	

14. I hereby certify that the information supplied with this report is completely furnished and correct, and that I am not aware of any other information that should be included in this report. I am not aware of any other information that should be included in this report.

SIGNATURE: *Steve Nader Jr.* President 6-19-95 904-478-5191
STEVE NADER, JR.

**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)**

[illegible]

DOCUMENT # **P94000032593 (3)**

ALTERNATE DELIVERY SERVICES INC.

C/O 801 N.E. 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

C/O 801 N.E. 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

04/29/1994

[illegible]

UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

iv Name and Address of New Registered Agent

FL

D
WENS, LEE
2329 FLAMING ARROW DRIVE
LAKELAND FL 33813

VICE - PRESIDENT
DAVID KARPPEL
119 PARK GATE DRIVE
EDISON NJ 08820

SIGNATURE:

DAVID KARPEN

6/20/95

908 906 8460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

014430 FP