

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:25

DOCUMENT # P94000029762 (9)

1. Corporation Name
S. HOENES, INC.

Principal Place of Business

2279 S.W. 5TH AVE.
MIAMI FL 33129

Mailing Address

2279 S.W. 5TH AVE.
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/19/1994

3a. Date of Last Report

171 NE 100 ST
MIAMI SHORES FL 33138

2. Principal Place of Business

21
171 NE 100 ST
MIAMI SHORES FL 33138

2a. Mailing Address

26
171 NE 100 ST
MIAMI SHORES FL 33138

4. FFI Number
65-0491781

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 § 199.032,
Florida Statutes ☐ Yes ☒ No

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33138

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USA

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33138

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USA

9. Name and Address of Current Registered Agent

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

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 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 required when not starting)

(Signature of Registered Agent required when not starting)

(Signature)

12. OFFICERS AND DIRECTORS

12.1
NAME DV
HOENES, CARL A
STREET ADDRESS 2279 S.W. 5TH AVE.
CITY, ST, ZIP MIAMI FL 33129

12.2
NAME PST
HOENES, SHARON
STREET ADDRESS 2279 S.W. 5TH AVE.
CITY, ST, ZIP MIAMI FL 33129

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☒ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS 171 NE 100 ST

13.4 CITY, ST, ZIP MIAMI SHORES FL 33138

13.5 NAME ☒ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS 171 NE 100 ST

13.8 CITY, ST, ZIP MIAMI SHORES FL 33138

13.9 NAME ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 NAME ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 NAME ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 NAME ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 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 199.032, 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 this corporation or the manager or business representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

Sharon Hoenes, Pres SHARON HOENES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/95 305-758-5686