

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUL 25 AM 8: 05

**DOCUMENT # P94000030866 (5)**

1. Corporation Name

**MONSOUR INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

8350 GRAND CANAL DR  
MIAMI FL 33144

8350 GRAND CANAL DR  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0489098

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Contribution Trust Fund Contributions

\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YUNIS, MICHAEL  
8350 GRAND CANAL DR  
MIAMI FL 33144

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: Typed or printed name of registered agent and the incorporator

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE	PD
NAME	YUNIS, MICHAEL J
STREET ADDRESS	8350 GRAND CANAL DR
CITY ST ZIP	MIAMI FL 33144
TITLE	STD
NAME	YUNIS, LAURE Y
STREET ADDRESS	8350 GRAND CANAL DR
CITY ST ZIP	MIAMI FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(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 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: *Michael Yunis*

MICHAEL YUNIS PRES. 07/21/95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE (Day/Month/Year)

CR2E034 (3/95)