

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032819

1. Corporation Name

TAMIAMI RENTALS CORP.
7044 SW 8TH STREET
MIAMI, FL 33144

Principal Place of Business

Mailing Address

7044 SW 8TH STREET
MIAMI, FL 33144

~~8225 SW 2nd STREET~~
~~MIAMI, FL 33144~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

29

Country

Country

4. FEI Number

65-2550099

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

9. Name and Address of Current Registered Agent

MARISA MIER
1198 VENETIAN WAY
APARTMENT #115
MIAMI BEACH, FL 33139

10. Name and Address of New Registered Agent

81 Name

ORLANDO MENDEZ

82 Street Address (P.O. Box Number is Not Acceptable)

7044 S.W. 8 ST.

83

84 City

MIAMI

FL

85 Zip Code

33144

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 607.0504, Florida Statutes.

SIGNATURE

Orlando Mendez

ORLANDO MENDEZ (P)

4/26/95

12. OFFICERS AND DIRECTORS

TITLE: PSD
NAME: MENDEZ, ORLANDO
STREET ADDRESS: 1198 VENETIAN WAY, #115
CITY, ST, ZIP: MIAMI BEACH, FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: ☐ Change ☐ Addition
2. NAME: 500001485295
3. STREET ADDRESS: -05/12/95--01020--023
4. CITY, ST, ZIP: ****208.75 ****208.75

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

21. TITLE: ☐ Change ☐ Addition
22. NAME: ☐ Change ☐ Addition
23. STREET ADDRESS: ☐ Change ☐ Addition
24. CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

31. TITLE: ☐ Change ☐ Addition
32. NAME: ☐ Change ☐ Addition
33. STREET ADDRESS: ☐ Change ☐ Addition
34. CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

41. TITLE: ☐ Change ☐ Addition
42. NAME: ☐ Change ☐ Addition
43. STREET ADDRESS: ☐ Change ☐ Addition
44. CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

51. TITLE: ☐ Change ☐ Addition
52. NAME: ☐ Change ☐ Addition
53. STREET ADDRESS: ☐ Change ☐ Addition
54. CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

61. TITLE: ☐ Change ☐ Addition
62. NAME: ☐ Change ☐ Addition
63. STREET ADDRESS: ☐ Change ☐ Addition
64. CITY, ST, ZIP: ☐ Change ☐ Addition

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 199.03(3)(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. 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 of changed, or on an attachment with an address.

SIGNATURE:

Orlando Mendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ORLANDO MENDEZ, PRESIDENT

APRIL 20TH, 1995 305/262-7300