

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000033631 (0)**

1. Corporation Name

SRM ETC. CORPORATION

APPROVED
AND
FILED

95 APR 18 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**3302 N.E. 166TH STREET
NORTH MIAMI BEACH FL 33160** **3302 N.E. 166TH STREET
NORTH MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26 **541 SW 182nd Way**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Pembroke Pines FL**
City & State City & State
23 **33029 U.S.A.**
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
05/02/1994
4. FEI Number Applied For
65 0489369 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution** Added to Fees
7. This corporation has liability for intangible tax under C. 100.035,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BASTIDAS, HAROLD H
3302 N.E. 166TH STREET
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
81 Name **Bastidas Harold**
82 Street Address (P.O. Box Number is Not Acceptable)
541 SW 182 Way
83
84 City **Pembroke Pines** FL 85 Zip Code **33029**

11. Pursuant to the provisions of Sections 607.0503 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) (Type or printed name of registered agent and the corporation)

(Signature) (Type or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	BASTIDAS, HAROLD H
STREET ADDRESS	541 S.W. 182ND WAY
CITY, ST, ZIP	PEMBROKE PINES FL 33029
TITLE	VPSD
NAME	MALKUN, LUIS FERNANDO H
STREET ADDRESS	3302 N.E. 166TH STREET
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 119.07(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, 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 as an attachment with an address.

SIGNATURE: **Harold H. Bastidas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/95 **(305) 438-6241**
Date Telephone (Area #)