

**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

APPROVED  
AND  
FILED

95 MAY 10 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035118 (6)**

1. Corporation Name

**MIAMI CHASSIS POOL, INC.**

Principal Place of Business

Mailing Address

1015 NORTH AMERICA WAY STE. 128  
MIAMI FL 33132

1015 NORTH AMERICA WAY STE. 128  
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/10/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 1580 AFRICA WAY

26

65-0535092

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 MIAMI FL

28

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

24 33132

25 DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUNEO, RICHARD A  
1015 NORTH AMERICA WAY STE. 128  
MIAMI FL 33132

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 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 fee if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CUNEO, RICHARD A  
STREET ADDRESS 1015 NORTH AMERICA WAY STE. 128  
CITY ST ZIP MIAMI FL 33132

11 TITLE DELETE  Change  Addition  
12 NAME CUNEO, RICHARD A  
13 STREET ADDRESS 1015 N. AMERICA WAY #128  
14 CITY ST ZIP MIAMI FL 33132

TITLE D  
NAME SARASKY, ILENE R  
STREET ADDRESS 1015 NORTH AMERICA WAY STE. 128  
CITY ST ZIP MIAMI FL 33132

21 TITLE P  Change  Addition  
22 NAME WEISS, TAL  
23 STREET ADDRESS 1580 AFRICA WAY  
24 CITY ST ZIP MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE SIT  Change  Addition  
32 NAME SARASKY, ILENE R  
33 STREET ADDRESS 1580 AFRICA WAY  
34 CITY ST ZIP MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  Change  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(3)(k), 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 the 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:

*Ilene R. Sarasky*  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR  
ILENE R. SARASKY

5/5/95 (905)374-9203  
Date Expires (Month)