

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 27 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040920 (8)

1. Corporation Name

PAL REPS, INC.

Principal Place of Business

**4924 SW 154TH PL
MIAMI FL 33185**

Mailing Address

**4924 SW 154TH PL
MIAMI FL 33185**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 13780 S.W. 56 St.
Suite, Apt. #, etc.

2a. Mailing Address

26 13780 S.W. 56 St.
Suite, Apt. #, etc.

4. FEI Number

65-0496114

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 S. 199.032,
Florida Statutes

☒ Yes ☐ No

23 **Miami, FL.**
City & State

28 **Miami, FL.**
City & State

24 **33175**
Zip

25 **USA**
Country

29 **33175**
Zip

30 **USA**
Country

9. Name and Address of Current Registered Agent

**LASRIS, LEE F
9400 S DADELAND BLVD
PENTHOUSE 5
MIAMI FL 33156**

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 person or certified registered agent and title of corporation)

(DATE, Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

AUZA, PATRICIA

4924 SW 154TH PL

MIAMI FL 33185

13. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D/P

AUZA, PATRICIA

4924 SW 154th PL MIAMI, FL. 33185

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

AUZA, JESSICA

4924 SW 154th PL

Miami, FL. 33185

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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 Sections 110.07(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 of this report, or on an attachment with an address.

SIGNATURE:

Patricia T. Auza

Patricia T. Auza

Feb. 6/ 95

(305) 388-2099

388-2199