

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

DOCUMENT # P94000042822 (4)

1. Corporation Name

MIAMI STUCCO INC.

SE MAY - 1 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6271 N.W. 198TH TERRACE
MIAMI FL 33015

Mailing Address

6271 N.W. 198TH TERRACE
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

06/08/1994

4. FEE Number

65-0496 303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fee

8. This corporation has liability for intangible tax under S. 194.032,

Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 8345 N.W. 54 STREET

2a. Mailing Address

26 8345 NW 54 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33166

Country

25 DADE

Zip

29 33166

Country

30 DADE

9. Name and Address of Current Registered Agent

NAVARRO, TERESA
6271 N.W. 198TH TERRACE
MIAMI FL 33015

81 Name

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

83 8345 NW 54 STREET

84 City

MIAMI

FL

85 Zip

33166

11. Pursuant to the provisions of Sections 607.0432 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if changed agent is not the corporation)

Signature of Registered Agent (if corporation is not the agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY, ST, ZIP

13. ADVERTISING CHANGES TO OFFICERS AND DIRECTORS IN:

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for this exemption stated in Sections 135.01(2)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in each county that I am an officer or director of the corporation in the respective counties empowered to exercise this report as required by Chapter 947, Florida Statutes, and that my name appears on Block 1, or Block 1A, of the annual report or supplementary annual report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA J. NAVARRO

4-10-95 (305)5994808