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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053098 (7)

BORGES-MEADE & COMPANIA INCORPORATED

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
1542 SIENA CORAL GABLES FL 33146		1542 SIENA CORAL GABLES FL 33146		07/19/1994		07/19/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 800 South Dixie Hwy		26 Suite, Apt. #, etc.		65-0532738		Not Applicable	
22 Suite 205		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Coral Gables, FLA		28 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 33146		25 U.S.A.		29 Zip		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	

EDELMAN, STUART J ESQ
328 MINORCA AVE
2ND FLOOR
CORAL GABLES FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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:

NOTE: Registered Agent Signature required when terminating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DP BORGES, PEDRO J % 1542 SIENA CORAL GABLES FL 33146	11 TITLE	☐ Change ☐ Addition
STREET ADDRESS		12 NAME	
CITY, ST, ZIP		13 STREET ADDRESS	
NAME	VST MEADE, GREG % 1542 SIENA CORAL GABLES FL 33146	21 TITLE	☐ Change ☐ Addition
STREET ADDRESS		22 NAME	
CITY, ST, ZIP		23 STREET ADDRESS	
NAME		24 CITY, ST, ZIP	
STREET ADDRESS		31 TITLE	☐ Change ☐ Addition
CITY, ST, ZIP		32 NAME	
NAME		33 STREET ADDRESS	
STREET ADDRESS		34 CITY, ST, ZIP	
CITY, ST, ZIP		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
NAME		51 TITLE	☐ Change ☐ Addition
STREET ADDRESS		52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
NAME		54 CITY, ST, ZIP	
STREET ADDRESS		61 TITLE	☐ Change ☐ Addition
CITY, ST, ZIP		62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished herein is true and correct and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or 13 of this report, or on an attachment with my address.

SIGNATURE:

PEDRO J. BORGES

2-22-95

(305) 668-9629