

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

55 MAY -1 AM 8:23

DOCUMENT # **P94000061816 (2)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAZEJOR, INC.

Principal Office Address: 2351 SW 36TH AVE MIAMI FL 33145
Mailing Address: 2351 SW 36TH AVE MIAMI FL 33145

(Do Not Write in This Space)

2. Principal Office of Business: 21. Mailing Address: 26. Mailing Address:
22. State of Florida: 27. State of Florida:
23. City, State, Zip: 28. City, State, Zip:
24. City, State, Zip: 25. City, State, Zip: 29. City, State, Zip: 30. City, State, Zip:

3. Date of Report: 08/22/1994
3a. Date of Last Report:
4. FET Number: 65-0516728
5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for campaign law under 1991 (1991) Florida Statute: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, DIANE L ESQ
151 NW 11TH ST SUITE 202
HOMESTEAD FL 33034

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: FL 85. Zip Code:

11. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by the Florida Statutes, and that the same has been filed with the Secretary of State, and that the same is a true and correct copy of the annual report of the corporation as required by the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If Any)	
NAME	D ARNAVAT, JORGE	NAME	
STREET ADDRESS	2351 SW 36TH AVE	STREET ADDRESS	
CITY, STATE, ZIP	MIAMI FL 33145	CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I, the undersigned, do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption provided by the Florida Statutes, and that the information is true and correct to the best of my knowledge and belief, and that the same is a true and correct copy of the annual report of the corporation as required by the Florida Statutes, and that the same has been filed with the Secretary of State, and that the same is a true and correct copy of the annual report of the corporation as required by the Florida Statutes.

SIGNATURE: _____ JORGE ARNAVAT
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (HCS) 203 7141