

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000072543 (9)

1. Corporation Name

SOUTHEAST BONDING CORPORATION

Principal Place of Business

PO BOX 141584
CORAL GABLES FL 33114-1584

Mailing Address

PO BOX 141584
CORAL GABLES FL 33114-1584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	☒ Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24	Country	29	Zip	7. The corporation has liability for intangible tax under § 199.032, Florida Statutes	☐ Yes ☒ No
25	Country	30	Country		

9. Name and Address of Current Registered Agent

SAYAD, WILLIAM Y JR
1110 BRICKELL AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

FL

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 title 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	11 TITLE	☒ Change ☐ Addition
NAME	NOLAN, JUAN A	12 NAME	Juan A. Nolan is no longer a Director please
STREET ADDRESS	PO BOX 141584 N/A	13 STREET ADDRESS	Delete his name
CITY - ST - ZIP	CORAL GABLES FL 33114-1584	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SALA-SUAREZ, NATHANIEL	22 NAME	
STREET ADDRESS	PO BOX 141584 N/A	23 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33114-1584	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if otherwise or as an attachment with an address.

SIGNATURE:

Nathanial Sala-Suarez

4-28-95

305-666-6767