

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Margham, Esq.
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080534 (8)**

1. Corporation Name

THE BRIDGE STUDIO, INC.

500001486575
-05/12/95--01122--019
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**230 FIFTH ST
MIAMI BEACH FL 33139** **230 FIFTH ST
MIAMI BEACH FL 33139**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
11/02/1994
4. FEI Number **65-0537191** 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. 109.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**VALDES-FAULI CORPORATE SERVICES INC
TWO BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131-1897**

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 fee if applicable

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY ST ZIP
1 D ROBINSON, CRAIG 230 FIFTH ST MIAMI BEACH FL 33139
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1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 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, and that I am authorized to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Craig Robins 4/13/95 531-1200