

**ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

FILED

95 MAY -1 PM 3:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000080891 (2)

1. Corporation Name

BRADLEY SERVICES MIAMI, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**8900 S.W. 107TH AVE.
SUITE 302
MIAMI FL 33176**

Mailing Address
**8900 S.W. 107TH AVE.
SUITE 302
MIAMI FL 33176**

3. Date Incorporated or Qualified
11/03/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1550 N.W. 14th Terrace

26 1550 NW 14th Terrace

4. FEI Number
65-0539585

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 Homestead, FL

28 Homestead, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 33030

25 Dade

29 33030

30 Dade

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLSON, ROBERT E
8900 S.W. 89TH AVE.
SUITE 302
MIAMI FL 33176**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
CARLSON, ROBERT E
8900 S.W. 107TH AVE. #302
MIAMI FL 33176**

1. 1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
**President
Andre Vann
1550 NW 14th Terrace
Homestead, FL 33030** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2. 1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
**D
ANDRE VANN Sr.
5 E. DAVIS Rd
Hampton, Va 23666** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3. 1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4. 1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5. 1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95

305-247-8534