

SECOND NOTICE. CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95 \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE \$375)

PROFIT
CORPORATION
ANNUAL REPORT

1995



REVENUE DEPARTMENT - A STATE
OFFICE OF REVENUE
Tallahassee, Florida
Telephone: 904-488-3441 x1000

DOCUMENT # P94000082085 (9)

ANGELIQUE RESTAURANT INC.

RECEIVED 11/09/94

Principal Office Address: 1840 N. DIXIE HIGHWAY
BOCA RATON FL 33432
Mailing Address: 1840 N. DIXIE HIGHWAY
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Office Address		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. 1840 N DIXIE HWY		26. SAME		11/09/1994	FIRST FILING
22. State: FL		27. State: FL		4. FEI Number	Applied For / Not Applicable
23. BOCA RATON		28. BOCA RATON		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. FL 33432		29. FL		6.	\$5.00 May Be Added to Fees
25. USA		30.		8. This corporation has liability for intangible tax under s. 194.03, Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOERNER, ALBERT 1840 N. DIXIE HIGHWAY BOCA RATON FL 33432				81. Name			
				82. (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			

11. I, the undersigned, being a resident of this State, and being duly qualified, hereby accept the appointment as registered agent of the above named corporation for the purpose of changing its registered office, and I am authorized to execute all such documents as may be required for the purpose of changing its registered office, and I am authorized to execute all such documents as may be required for the purpose of changing its registered office.

12. I, the undersigned, being a resident of this State, and being duly qualified, hereby accept the appointment as registered agent of the above named corporation for the purpose of changing its registered office, and I am authorized to execute all such documents as may be required for the purpose of changing its registered office, and I am authorized to execute all such documents as may be required for the purpose of changing its registered office.

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
PRES/SECY/Treas ALBERT BOERNER PER A BOERNER		1. NAME	
		2. STREET ADDRESS	
		3. CITY, STATE, ZIP	
		4. NAME	
		5. STREET ADDRESS	
		6. CITY, STATE, ZIP	
		7. NAME	
		8. STREET ADDRESS	
		9. CITY, STATE, ZIP	
		10. NAME	
		11. STREET ADDRESS	
		12. CITY, STATE, ZIP	
		13. NAME	
		14. STREET ADDRESS	
		15. CITY, STATE, ZIP	
		16. NAME	
		17. STREET ADDRESS	
		18. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.03(9)(a), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am authorized to execute all such documents as may be required for the purpose of changing its registered office, and I am authorized to execute all such documents as may be required for the purpose of changing its registered office.

SIGNATURE: *Albert Boerner* 6/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

$$\begin{aligned} & \therefore \text{由(1)得 } \frac{1}{a} = \frac{1}{2} + \frac{1}{2} \cdot \frac{1}{a} + \frac{1}{2} \cdot \frac{1}{a} \\ & \therefore \frac{1}{a} = \frac{1}{2} + \frac{1}{2} \cdot \frac{1}{a} + \frac{1}{2} \cdot \frac{1}{a} \\ & \therefore \frac{1}{a} = \frac{1}{2} + \frac{1}{2} \cdot \frac{1}{a} + \frac{1}{2} \cdot \frac{1}{a} \\ & \therefore \frac{1}{a} = \frac{1}{2} + \frac{1}{2} \cdot \frac{1}{a} + \frac{1}{2} \cdot \frac{1}{a} \end{aligned}$$

1995

DOCUMENT # P94000082442 (2)

LINDA ROBERTSON, CRNFA, P.A.

5516 MAGNOLIA AVE
HARBOR OAKS FL 32127

5516 MAGNOLIA AVE
HARBOR OAKS FL 32127

11/08/1994

11/08/1994

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467
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Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTSON, LINDA K
5516 MAGNOLIA AVE
HARBOR OAKS FL 32127

THE FUTURE

B2

11



FL

85	100
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11	1. The first part of the question asks for the value of $\frac{dy}{dx}$ when $x = 1$. To find this, we first need to find the equation of the curve. We are given that the curve passes through the point $(1, 2)$ and that the gradient of the curve at any point (x, y) is given by $\frac{dy}{dx} = 2x - 1$. We can use the method of separation of variables to find the equation of the curve. We have: $\frac{dy}{dx} = 2x - 1$ $dy = (2x - 1)dx$ $\int dy = \int (2x - 1)dx$ $y = x^2 - x + c$ where c is a constant. We are given that the curve passes through the point $(1, 2)$, so we can substitute $x = 1$ and $y = 2$ into the equation to find c: $2 = 1^2 - 1 + c$ $2 = 0 + c$ $c = 2$ So the equation of the curve is: $y = x^2 - x + 2$ Now we can find the value of $\frac{dy}{dx}$ when $x = 1$: $\frac{dy}{dx} = 2(1) - 1 = 1$ So the value of $\frac{dy}{dx}$ when $x = 1$ is 1.	2. The second part of the question asks for the value of $\frac{d^2y}{dx^2}$ when $x = 1$. We can find this by differentiating $\frac{dy}{dx} = 2x - 1$ with respect to x: $\frac{d^2y}{dx^2} = \frac{d}{dx}(2x - 1) = 2$ So the value of $\frac{d^2y}{dx^2}$ when $x = 1$ is 2.
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$$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx = \frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx$$
[illegible]

SIGNATURE:

SIGNATURE AND TYPE IN OR PRINTED NAME OF ISSUING OFFICE IN OR DIRECTOR

Linda Kay Robertson

President

6/19/25

(94) 761-543

CH2FNO2 13.1051

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

1995



DOCUMENT # P94000083518 (8)

GARY'S CARPET CLEANING, INC.

23314-D SW 54 WAY
BOCA RATON FL 33433

23314-D SW 54 WAY
BOCA RATON FL 33433

11/16/1994

65-0555035

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

GARY R BIVONA
23314-D SW 54 WAY
BOCA RATON FL 33433

11. I, the undersigned, do hereby certify that the foregoing information is true and correct, and that the undersigned is the duly authorized representative of the corporation or partnership herein named, and is duly qualified to execute this application for the registration of the undersigned as a registered agent for the corporation or partnership herein named.

GARY R BIVONA

P
BIVONA, GARY R
23314-D SW 54 WAY
BOCA RATON FL 33433

SIGNATURE:

GARY R BIVONA

6/17/95

4/18/95

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFESSIONAL
REGISTRATION
ANNUAL REPORT



1995

DOCUMENT # **P94000083657 (4)**

LA GOTA FRIA, INC.

18230 COLLINS AVE
NORTH MIAMI BEACH FL 33179

18230 COLLINS AVE
NORTH MIAMI BEACH FL 33179

3. Certificate Number	11/16/1994
4. Filing Number	65-0532797
5. Certificate Status	☒ X \$8.75 Additional Fee Required
6. Status	\$5.00 May Be Added to Fees
8. The corporation has not been dissolved by the state of Florida.	☒ X ☐ No

21. Name of Officer	26. Name of Officer
22. Name of Officer	27. Name of Officer
23. Name of Officer	28. Name of Officer
24. Name of Officer	29. Name of Officer
30. Name of Officer	

9. Name and Address of Current Registered Agent

NARANJO, JOSE G
18230 COLLINS AVE
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81. Name

82. Address

83. City

84. State

85. Zip

FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is in good standing and is not delinquent in the payment of its taxes and fees.

12. Name and Address of Officer

PTD
NARANJO, JOSE G
18230 COLLINS AVE
NORTH MIAMI BEACH FL 33179
VSD
NARANJO, FELIX A
13720 SW 88 STREET
MIAMI FL 33186

13. Name and Address of Officer

NARANJO, JOSE G
18230 COLLINS AVE
NORTH MIAMI BEACH FL 33179
NARANJO, FELIX A
13720 SW 88 STREET
MIAMI FL 33186

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is in good standing and is not delinquent in the payment of its taxes and fees.

SIGNATURE: *Jose P. Naranjo* **6-13-95 931.3001**

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT
CORPORATION
ANNUAL MEETING

1995



... ..

23. 1. 7. 1944, 18.00

$$x^2 = \frac{1}{2} \left(\frac{1}{2} \right)^2 = \frac{1}{8}$$
$$\bar{F}_n = \frac{1}{n} \sum_{i=1}^n F_i, \quad \bar{F}_n^* = \frac{1}{n} \sum_{i=1}^n F_i^*.$$

DOCUMENT # **P94000083968 (5)**

PREMIUM HEALTH SERVICES, INC.

1510 VENERA AVE
CORAL GABLES FL 33146

1510 VENERA AVE
CORAL GABLES FL 33146

11/17/1994

65-0534102

**\$8.75 Additional
Fee Required**

\$5.00 May Be
Added to Fees

9 Name and Address of Current Registered Agent

AYALA, JULIO J
1510 VENERA AVE
CORAL GABLES FL 33146

10 Name and Address of New Registered Agent

FL

[illegible]

Journal of Management Education 30(6)

D
MURCIANO, ENRIQUE JR
1510 VENERA AVE
CORAL GABLES FL 33146

13

[illegible]

SIGNATURE:

UNCLASSIFIED AND TYPE OF UNITED NAME OF GROUPING OF AREA OF DISCUSSION

0067410 CP

CR2E034 (3'95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION,
ANNUAL REPORT

1995



DOCUMENT # P94000083971 (9)

CHOICE HEALTH SERVICES, INC.

1510 VENERA AVE
CORAL GABLES FL 33146

1510 VENERA AVE
CORAL GABLES FL 33146

11/17/1994

2. Principal Office Location	2a. Mailing Address	4. FID Number	Applied For
21	26	65-0534116	Not Applicable
22	27	5. Number of Initial Filings Desired	\$8.75 Additional Fee Required
23	28	6	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

AYALA, JULIO J
1510 VENERA AVE
CORAL GABLES FL 33146

81. Name

82. Address

83. City

84. State

FL

85. Zip Code

11. Payment of the fee for filing this report is required by the Florida Statutes. The fee is payment for the right to be listed in the directory for the purpose of being registered. The fee is non-refundable. If the fee is not paid, the corporation will be considered to have failed to file the report and the corporation will be considered to have failed to file the report and the corporation will be considered to have failed to file the report.

12. Name and Address of Current Registered Agent

12	13
D	
MURCIANO, ENRIQUE JR	
1510 VENERA AVE	
CORAL GABLES FL 33146	

14. Payment of the fee for filing this report is required by the Florida Statutes. The fee is payment for the right to be listed in the directory for the purpose of being registered. The fee is non-refundable. If the fee is not paid, the corporation will be considered to have failed to file the report and the corporation will be considered to have failed to file the report and the corporation will be considered to have failed to file the report.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECOND NOTICE. CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995
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1995



DOCUMENT # P94000084670 (6)

MASARIE TRADING COMPANY

1846 NW 20 ST
MIAMI FL 33142

1846 NW 20 ST
MIAMI FL 33142

11/17/1994

65-053 7537

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9 Name and Address of Current Registered Agent

JENKINS, MAURICE W
13003 SW 112 PL
MIAMI FL 33171

10 Name and Address of New Registered Agent

FL 85

D
EL-HAJ, SAID A
18304 NW 68 AVE APT 2H
MIAMI LAKES FL 33015

D
EL-HAJ, SAMIR F
18304 NW 68 AVE APT 2H
MIAMI LAKES FL 33015

424 S.W. 134th
MIAMI FL 33187

424 S.W. 134th
MIAMI FL 33187

SIGNATURE:

SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

6/20/95

(305) 324-6105

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mathum
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P94000084735 (7)

N

AMERICAN TITLE CORPORATION

10 FAIRWAY DRIVE
SUITE 305
DEERFIELD BEACH FL 33441

10 FAIRWAY DRIVE
SUITE 305
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

2. This year the corporation's business was:		2a. Mailing Address:		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		25		11/21/1994		11/21/1994	
22		26		4. FCI Number		Applied For	
23		27		65-0540547		Not Applicable	
24		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		29		6		55.00 May Be Added to Fees	
26		30		8. This corporation has liability for intangible tax under s. 189.05, Florida Statutes		Yes ☐ No ☒	

9. Name and Address of Current Registered Agent

BURTON, GERALD K ESO
10 FAIRWAY DRIVE
SUITE 305
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0902 and 607.1504, 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 607.0902, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	D BURTON, GERALD K 18051 CLEARBROOK CIR. BOCA RATON FL 33498	NAME	PRES
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME	B ZINN, ROBERT G 1540 S.E. 14TH STREET FT. LAUDERDALE FL 33316	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
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NAME		NAME	
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CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am a resident of the State of Florida and that I am a resident of the State of Florida and that I am a resident of the State of Florida and that I am a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald K. Burton, President

6/24/95 428-466