

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 PM 12: 51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000087186 (0)

1. Corporation Name

CARDONA OF MIAMI, INC.

Principal Place of Business

**2150 CORAL WAY
7TH FLOOR
MIAMI FL 33145**

Mailing Address

**2150 CORAL WAY
7TH FLOOR
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 15193 MONTROSE RD.

2a. Mailing Address

25 15193 MONTROSE RD.

4. FEI Number

☒ 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. 199.032,
Florida Statutes

☐ Yes

☒ No

City & State

23 MIAMI LAKES, FL.

City & State

28 MIAMI LAKES, FL.

Zip

24 33016

Country

Zip

29 33016

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ DOMINGO
2150 CORAL WAY
7TH FLOOR
MIAMI FL 33145**

81 Name

EGGARTER, ERIK

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

15193 MONTROSE RD.

83

84 City

MIAMI LAKES

FL

85 Zip Code

33016

11. Pursuant to the provisions of Sections 607.02 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 607.1505, Florida Statutes.

SIGNATURE

Signature (Type or print name of the registered agent and title, if applicable)

(NOTE: Registered Agent signature required when instituting)

DATE

ERIK EGGARTER

MARCH 9, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSD

CONARD, DON

P.O. BOX 1253 N/A

BIG SANDY TX 75755

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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)(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 007, 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

DON CONARD

3/9/95

(913) 272-7000

Date

Telephone Number