

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035057 (5)

1. Corporation Name

SUZDEN, INC.



Principal Place of Business

8200 NW 199TH ST.
MIAMI FL 33015

Mailing Address

8200 NW 199TH ST.
MIAMI FL 33015

2. Principal Place of Business

21 8200 NW 199th St

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 Zip 33015

25 Country U.S.

2a. Mailing Address

26 8200 NW 199th St

Suite, Apt. #, etc.

27 City & State

28 MIAMI FL

29 Zip

30 33015

Country U.S.

3. Date Incorporated or Qualified
04/28/1995

3a. Date of Last Report

4-28-1995

4. FEI Number

65-0571977

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BORREGO, ROBERT
8200 NW 199TH ST.
MIAMI FL 33015

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 of Registered Agent (Typed Name and Signature of Registered Agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BORREGO, ROBERT
STREET ADDRESS 8200 NW 199TH ST.
CITY-STATE-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME D
BORREGO, DENISSE
STREET ADDRESS 8200 NW 199TH ST.
CITY-STATE-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME D
BORREGO, SUZANN
STREET ADDRESS 8200 NW 199TH ST.
CITY-STATE-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 305-829-6830
Date Time Phone #

CR2E034 (12/95)