

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 # P95000041259 (9)

1. Corporation Name

SURSAFE OF FLORIDA, INC.



Principal Place of Business

1800 N.E. 114TH STREET, STE. 811
N. MIAMI FL 33181

Mailing Address

1800 N.E. 114TH STREET, STE. 811
N. MIAMI FL 33181

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Country

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Country

29

Country

30

9. Name and Address of Current Registered Agent

FREED, SANFORD
19 WEST FLAGLER ST., 404 BISCAYNE BLDG.
MIAMI FL 33130

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0586126

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

81. Name

FREED, SANFORD

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

19 WEST FLAGLER ST, 503
BISCAYNE BLDG.

83.

84. City

MIAMI FL.

FL

85. Zip Code

33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director

Signature typed or printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
URIBE, RAMIRO
1800 N.E. 114TH STREET, STE. 811
N. MIAMI FL 33181

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ 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 registered 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMIRO URIBE

6/12/96 (305) 8932127

CR2E034 (12/95)