## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P95000070760** (0)

RODRIGUEZ & MORRISON, P.A.

## **FILED** Apr 15 1997 8:00am Secretary of State



| Principal Place of Business 13903 N.W. 67TH AVE. #450 MIAMI LAKES FL 33014  2. Principal Place of Business 21 Suite Apt # etc 22 City & State |  | Mailing Address 13903 N.W. 67TH AVE. #450 MIAMI LAKES FL 33014-2839  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State |  | 3. Date Incorporated or Qualified 09/07/1995 10/11/1996 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired 58.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be |  |   |
|---|--|---|--|--|--|---|
| <b>23</b>   | Country  | 28 Zip  | Count  | ·y   | Trust Fund Contribution                        | Added to Fees for intangible tax under s. 199.032,  |
| 24  | 25 <br>9. Name and Address of Curren   |   | 30   |  | 10. Name and Address of New                    |   |
| MORRISON, KEVIN A<br>13903 N.W. 87TH AVE.<br>#450<br>MIAMI LAKES FL 33014   |  |   | 8  | Street Add   | iress (P.O. Box Number is Not Accep            |   |
|   |  |   | 8  | 1 - 7  |  | FL 85 Zip Code ne purpose of changing its registered report the appointment as registered |
| 12.<br>1111.E<br>NAME   | S years by the approved to be of registered age.  OFFICERS AND  D  MORRISON, KEVIN A |   | 13.<br>1.1 THLE  |  | ifed when reinstating) ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS IN 12  Change Addition   |
| STREET ADORESS<br>O(TY+ST-ZIP   | 13903 N.W. 67TH AVE. #450<br>MIAMI LAKES FL 33014<br>D                               | ☐ DELETE  | 1.3 STRE<br>1.4 CITY                                     | ET ADDRESS<br>ST-ZIP   |  | Change Addition   |
| NAME SUBEEL ADDRESS CITY ST-7IP   | RODRIGUEZ, JULIO A<br>13903 N.W. 67TH AVE. #450<br>MIAMI LAKES FL 33014              | المالين المالين   | 2.1 TITLE<br>2.2 NAMI<br>2.3 STRE                        | ET ADDRESS   |  | Citally Circultur   |
| TITLE NAME STREET ADORESS CITY-ST-ZII   |  | DELETE  | 3 1 TITLE<br>3.2 NAMI                                    | ET ADDRESS   |  | Change Addition   |
| TITLE NAME STREET ADDRESS CITY-SE-ZIP   |  | DELETE  | 4.1 TITLE<br>4. 2 NAM                                    | E<br>ET ADDRESS  |  | ☐ Change ☐ Addilion   |
| TITLE NAME STREET ACORESS   |  | DELETÉ  | 5 1 TITLE<br>52 NAMI<br>53 STRE                          | ET ADDRESS   |  | Change Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ DELETE  | 5.4 CITY<br>6.1 TITLE<br>6.2 NAM<br>6.3 STRE<br>6.4 CITY | E<br>ET ADDRESS  |  | Change Addition   |

14. I do hereby certify that the information supplied with this fring does not qualify for the exemption stated in Section 119.07(3)(i). 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:**