

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000093529 (2)**

1. Corporation Name

**SOUTH MIAMI, DME., CORP.**



Principal Place of Business

Mailing Address

6850 CORAL WAY  
SUITE 206-A  
MIAMI FL 33155

6850 CORAL WAY  
SUITE 206-A  
MIAMI FL 33155

3. Date Incorporated or Qualified

**12/08/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **4711 NW 79 Ave**

26

4. FEI Number

**05-0624750**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

**Suite 11 K**

27

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

**Miami FL**

28

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

**33166 WA**

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMONA, EMERSON JR  
6850 CORAL WAY  
SUITE 206-A  
MIAMI FL 33155

81 Name

**Vladimir G. Nunez**

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

**4711 NW 79 Ave**

83

**Suite # 11 K**

84 City

**Miami**

**FL**

85 Zip Code

**33166**

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 **x Vladimir G. Nunez**

Signature typed or printed name of registered agent and authorized representative

(NOTE: Registered Agent Signature required when instituting)

**7/1/96**

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **CARMONA, EMERSON JR**  
STREET ADDRESS **6850 CORAL WAY SUITE 206-A**  
CITY - ST - ZIP **MIAMI FL 33155**

1.1 TITLE **Vladimir G. Nunez** ☐ Change ☒ Addition

TITLE **VD** ☒ DELETE  
NAME **CARMONA, MYRNA**  
STREET ADDRESS **6850 CORAL WAY SUITE 206-A**  
CITY - ST - ZIP **MIAMI FL 33155**

1.2 NAME

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.2 NAME

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/1/96**

**305-599-0090**

CR2E034 (3/96)