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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P97000089624 (5)

9595, INC.

Principal Place of Business

Mailing Address

FILED May 21 1998 8:00am Secretary of State



MEDLEY FL	AVE. 33178-1105		9595 NW 89 AVE. MEDLEY FL 33178-1405		
	40.00	MCDCC1 12 00170-1400			DO NOT WRITE IN THIS SPACE
<i>i</i>					3. Date Incorporated or Qualified
				 -	11/01/1997
2. Principal Place of Business		2a. Mailing Address	}-¬, ~		4. FEI Number A Prun Fon Applied For
Suite Ant # ofe		26]			/ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				T 41	10. Name and Address of New Registered Agent
	Bastia, Roberto		81	Name	
1743 \$W 103 PL. MIAMI FL				Street Add	dress (P.O. Box Number is Not Acceptable)
1411/	CHAIL I E		83		
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose of changing its registered
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, typod or pointed name of registered	· - · · · · · · · · · · · · · · · · · ·		ent signature requi	uired when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	CHALUJA, MARIO		1.2 NAME		
STREET ADDRESS	242 NW 60 AVE.		1.3 STREET		
CITY-ST-ZIP	MIAMI FL 33126-4758	Detrete	1.4 CITY - S	1-ZIP	
TITLE	D DODESTA	☐ DELETE	2.1 TITLE		Change Addition
NAME	SEBASTIA, ROBERTO		2.2 NAME		
STREET ADDRESS	1743 SW 103 PL.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165-7321	Destre	2. 4 CITY-5	ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 9 4.1 TITLE	ST-ZIP	Change Addition
NAME		- Detter			Change La Adulton
STREET ADDRESS			4. 2 NAME	4000000	
CITY-ST-ZIP			4.3 STREET		
TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-219	☐ Change ☐ Addition
NAME			5.2 NAME		Change C Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDDECC	
CITY-ST-ZIP					
TITLE		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-2112	Change Addition
NAME		Decele	6.2 NAME		C Guards Madition
STREET ADDRESS			6.3 STREET	ADDRESS.	
CITY-ST-ZIP			6.4 C(TY-S)		
OH 1 - 31 - 21F			■ DACHY-S	1-712 I	

Thereby certify that the information supplied with this filing 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.