

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

**APPROVED
AND
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95 MAY -1 PM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3000 APOLLO DRIVE, SUITE 100
TALLAHASSEE, FLORIDA 32310-0001

DOCUMENT # **S06349** (2)

1. Name of Entity
IRIS & ANGEL CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **20129 SW 123RD DRIVE MIAMI FL 33177**
 Mailing Address: **20129 SW 123RD DRIVE MIAMI FL 33177**

3. Date of Incorporation or Receipt of Certificate	3a. Date of Last Report
10/11/1990	05/01/1994
4. FEI Number	Applied For / Not Applicable
65-0221865	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under 5-197(3)(2), Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22. State, Apt. #	27. State, Apt. #
23. City & State	28. City & State
24. Zip	30. Zip
25	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VASQUEZ, IRIS 29129 SW 123RD DR. MIAMI FL 33177		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. State	FL
	B5. Zip Code		

11. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as registered agent for the corporation as required by Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)	
NAME	PST VASQUEZ, IRIS 29129 SW 123RD DRIVE MIAMI FL 33177	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, do hereby certify that the information provided on this report is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as registered agent for the corporation as required by Florida Statutes.

SIGNATURE: *[Handwritten Signature]*

DO NOT WRITE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR