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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10636 (6)

1. Corporation Name

MONIQUE SERRES INC.

Principal Place of Business

**2200 SOUTH OCEAN DR
SUITE 210
HOLLYWOOD FL 33019
US**

Mailing Address

**7921 NW SOUTH RIVER DR
210
MEDLEY FL 33166
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/18/1990** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0228720** 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

2. Principal Place of Business

21 2200 S. OCEAN DR

Suite, Apt. #, etc.

22 #303

City & State

23 HOLLYWOOD FL

Zip

24 33019

Country

25 usa

2a. Mailing Address

26 PO BOX 2332

Suite, Apt. #, etc.

27

City & State

28 HALLANDALE FL

Zip

29 33008

Country

30 usa

9. Name and Address of Current Registered Agent

**SERRES, MONIQUE
7921 NW SOUTH RIVER DR, SUITE 210
MEDLEY FL 33155**

10. Name and Address of New Registered Agent

81 Name

MONIQUE SERRES

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

2200 SOUTH OCEAN DR

83

303

84 City

HOLLYWOOD

FL

85 Zip Code

33019

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	SERRES, MONIQUE	7921 NW SOUTH RIVER DR	MEDLEY FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		2200 SOUTH OCEAN DR 3 303	HOLLYWOOD FL 33019	☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	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)(b), 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:

MONIQUE SERRES PRESIDENT

04/18/95 305 927 7928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE