

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAR 10 PH 9:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S13715 (5)

**1. Corporation Name
SUDE, INC. OF HIALEAH**

**Principal Place of Business
2900 WEST 2ND AVENUE
HALEAH FL 33012**

**Mailing Address
2900 WEST 2ND AVENUE
HALEAH FL 33012**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
11/16/1990**

**3a. Date of Last Report
03/29/1994**

**4. FEI Number
65-0227141**

**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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ECHEVERRIA, RAUL
11791 SW 27 STREET
MIAMI, 33175**

81 Name

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

83

84 City

FL

85 Zip Code

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

N. Chelencia Treiser

3-6-95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**P
ECHEVERRIA, RAUL
11791 SW 27 STREET
MIAMI, FL 33175**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**V
VALLE, JOSE
75 VALENCIA AVENUE
CORAL GABLES FL**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TS
ECHEVERRIA, MARGARITA
11791 SW 27 STREET
MIAMI, FL 33175**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by an attachment with an address.

SIGNATURE:

Margarita Echeverria

Signature and typed or printed name of signing officer or director

3-6-95

Date

305-888-8101

Daytime Phone #