

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

95 MAY -1 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20114 (2)

1. Corporation Name

SUAREZ MOBILE ACCESSORIES AND SERVICE, INC.

Principal Place of Business

4625 EAST BAY DRIVE
SUITE 100
CLEARWATER FL 34624

Mailing Address

4625 EAST BAY DRIVE
SUITE 100
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/20/1990

3a. Date of Last Report
04/15/1994

2. Principal Place of Business

21 4143 WATERS AVE

2a. Mailing Address

26 4143 WATERS AVE

4. FEI Number
59-3036892

Applied For
Not Applicable

Suite, Apt. #, etc.

22 STE. 232

Suite, Apt. #, etc.

27 STE. 232

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 TAMPA FL

City & State

28 TAMPA FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33614

Country

25 USA

Zip

29 33614

Country

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SUAREZ, CHRISTOPHER A.
8522 STANDISH BEND DR
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name CHRISTOPHER SUAREZ

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

4747 WATERS AVE

83 #602

84 City TAMPA

FL

85 Zip Code 33614

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 11th if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SUAREZ, CHRISTOPHER A.
STREET ADDRESS 8522 STANDISH BEND DRIVE
CITY, ST, ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP
12 NAME SUAREZ, CHRISTOPHER A.
13 STREET ADDRESS 4747 WATERS AVE, #602
14 CITY, ST, ZIP TAMPA FL 33614
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 813-885-1009