

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JUN -9 AM 9:16	
DOCUMENT # S21901 (1)					
1. Corporation Name MICHAEL A. DECARLO, JR., C.P.A., P.A.					
Principal Place of Business 444 BRICKELL AVE. STE. 51-453 MIAMI FL 33131		Mailing Address 444 BRICKELL AVE. STE. 51-453 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1991	
21		26		3a. Date of Last Report 08/19/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0238809	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24		25		29	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DECARLO JR., MICHAEL A. 444 BRICKELL AVE. STE. 51-453 MIAMI FL 33131				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P			1.1 TITLE ☐ Change ☒ Addition		
NAME DECARLO JR., MICHAEL A.			1.2 NAME		
STREET ADDRESS 770 CLAUGHTON ISLAND DRIVE, PH-18			1.3 STREET ADDRESS		
CITY- ST- ZIP MIAMI FL			1.4 CITY- ST- ZIP 33131		
TITLE			2.1 TITLE ☐ Change ☐ Addition		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY- ST- ZIP			2.4 CITY- ST- ZIP		
TITLE			3.1 TITLE ☐ Change ☐ Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY- ST- ZIP			3.4 CITY- ST- ZIP		
TITLE			4.1 TITLE ☐ Change ☐ Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY- ST- ZIP			4.4 CITY- ST- ZIP		
TITLE			5.1 TITLE ☐ Change ☐ Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE			6.1 TITLE ☐ Change ☐ Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 CITY- ST- ZIP		
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, or on an attachment with an address.					
SIGNATURE: _____ DATE: 6/6/95 305-377-8731 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (3/95)