

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S35202 (8)
1. Corporation Name
JOSMAN DOOR, CORP.

Principal Place of Business Mailing Address
**6965 NW 74 ST.
MEDLEY FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/04/1991** 3a. Date of Last Report **04/15/1994**
4. FEI Number **65-0254810** 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 **26** **6960 NW 74 ST**
State Apt. # etc. State Apt. # etc.
22 **27**
City & State City & State
23 **28** **MIAMI, FLORIDA**
Zip Country Zip Country
24 **25** **29** **33166** **30**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HERRERA, ISEL **81** Name
4001 NW 4TH **82** Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33126 **83**
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* Each registered agent must sign and print name.

12. OFFICERS AND DIRECTORS 13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHER OFFICERS IN 1995
NAME STREET ADDRESS CITY ST. ZIP NAME NAME
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100. NAME 100. NAME

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemptions stated in Sections 199.032 (see) 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 in writing. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/3/95 305 883-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR