

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

1995 AUG 10 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S38918

(6)

1. Corporation Name

FAIRGLADE, INC.

Principal Place of Business

P.O. BOX 560325  
MIAMI FL 33256-0325

Mailing Address

P.O. BOX 560325  
MIAMI FL 33256-0325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/15/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0260566

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. The corporation has liability for intangible tax under s. 189.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 9385 SW 79 Ave

2a. Mailing Address

26 above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28

Zip

24 33156

Country

25 Dade

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DEMEO, TERRY L  
2800 DOUGLAS RD  
SUITE 305  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Karen Collins

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

9385 S.W. 79 Ave.

83

84 City

Miami

FL

85 Zip Code

33156

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

Karen Collins Karen Collins

8/5/95

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
COLLINS, KAREN  
9385 SW 79 AVE  
MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P/D

Karen Collins

9385 SW 79 Ave

Miami, FL

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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, or on an attachment with an address.

SIGNATURE:

Karen Collins Karen Collins

8/5/95

305-274-6645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #