

**ANNUAL REPORT
1995**

Florida Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 21 AM 9:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S44698 (6)

1. Corporation Name
1095 N.W. 183rd Street, Inc.

Principal Place of Business Mailing Address
**19801 N.W. 7th Court
Miami, FL 33169-3173**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **4/8/91** 3a. Date of Last Report **1994**

2. Principal Place of Business 21 Dade County, Florida		2a. Mailing Address 26		4. FEI Number 65-0256085		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Trescott, Robert L.
201 Alhambra Circle, Suite 711
Coral Gables, FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/S/T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel, Mary Louise	1.2 NAME	
STREET ADDRESS	19801 N.W. 7 Court	1.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33169-3173	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	400001463324
STREET ADDRESS		2.3 STREET ADDRESS	-04/24/95--01060--010
CITY - ST - ZIP		2.4 CITY - ST - ZIP	***200.00 ***200.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: Mary Lou Daniel Mary Lou Daniel President 4/8/95 (305) 6525289
Signature typed or printed name of signing officer or director. Date
FW 4-21-95