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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S58338** **(2)**

1. Corporation Name

NORTH AMERICAN TITLE & ABSTRACT SERVICES, INC.

Principal Place of Business	Mailing Address
782 N.W. 42 AVENUE SUITE 441 MIAMI FL 33126	782 N.W. 42 AVENUE SUITE 441 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1991**
3a. Date of Last Report: **04/20/1994**

21	2. Principal Place of Business: 782 N.W. 42 Avenue	26	2a. Mailing Address: 782 N.W. 42 Avenue
22	Suite Apt. #, etc.: Suite 200	27	Suite Apt. #, etc.: Suite 200
23	City & State: Miami, Fl	28	City & State: Miami, Fl
24	Zip: 33126	25	County: Dade
29	Zip: 33126	30	County: Dade

4. FEI Number: **65-0271806** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has solely for exemption tax under s. 193.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARDS, ADELITA
782 NW 42 AVE #441x #200
MIAMI FL 33126

10. Name and Address of New Registered Agent

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 Section 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 [illegible] Date

12. OFFICERS AND DIRECTORS		13.	
Title	PD	11 Title	☐ Change ☐ Addition
Name	RICHARDS, ADELITA	12 Name	
Street Address	782 N.W. 42 AVE. #441k #200	13 Street Address	
City-St-Zip	MIAMI FL	14 City-St-Zip	
Title		21 Title	☐ Change ☐ Addition
Name		22 Name	
Street Address		23 Street Address	
City-St-Zip		24 City-St-Zip	
Title		31 Title	☐ Change ☐ Addition
Name		32 Name	
Street Address		33 Street Address	
City-St-Zip		34 City-St-Zip	
Title		41 Title	☐ Change ☐ Addition
Name		42 Name	
Street Address		43 Street Address	
City-St-Zip		44 City-St-Zip	
Title		51 Title	☐ Change ☐ Addition
Name		52 Name	
Street Address		53 Street Address	
City-St-Zip		54 City-St-Zip	
Title		61 Title	☐ Change ☐ Addition
Name		62 Name	
Street Address		63 Street Address	
City-St-Zip		64 City-St-Zip	

CR2E034 (3/95)

14. I 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)(i), 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 above (if changed, added or deleted) or on an attachment with an address.

SIGNATURE: Adelita Richards 6/28/95 (305) 447-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

ADELITA RICHARDS

000009 C#