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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74803** **(5)**

1. Corporate Name

FATHER & SON, INC. OF SOUTH FLORIDA

Principal Place of Business	Mailing Address
3551 NORTH WEST 15TH STREET SUITE B LAUDERHILL FL 33311	3551 NORTH WEST 15TH STREET SUITE B LAUDERHILL FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated / Qualified: 08/20/1991	3a. Date of Last Report: 05/01/1994
21	26	4. FEI Number: 65-0282910	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SILVETTI, FILEMENA 3551 NORTH WEST 15TH STREET SUITE B LAUDERHILL FL 33311	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(S) [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	SILVETTI, FILEMENA	42 NAME	
STREET ADDRESS	3551 NW 15 ST	43 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	44 CITY-ST-ZIP	
TITLE		45 TITLE	☐ Change ☐ Addition
NAME		46 NAME	
STREET ADDRESS		47 STREET ADDRESS	
CITY-ST-ZIP		48 CITY-ST-ZIP	
TITLE		49 TITLE	☐ Change ☐ Addition
NAME		50 NAME	
STREET ADDRESS		51 STREET ADDRESS	
CITY-ST-ZIP		52 CITY-ST-ZIP	
TITLE		53 TITLE	☐ Change ☐ Addition
NAME		54 NAME	
STREET ADDRESS		55 STREET ADDRESS	
CITY-ST-ZIP		56 CITY-ST-ZIP	
TITLE		57 TITLE	☐ Change ☐ Addition
NAME		58 NAME	
STREET ADDRESS		59 STREET ADDRESS	
CITY-ST-ZIP		60 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 if changed or added to the report or on an attachment with an address.

SIGNATURE: [signature] 4/26/95 (305) 321-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Filemena Silvetti

Date Telephone Number

0210025 CF