

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

CORPORATION:
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10: 53

DOCUMENT # **V06179** (8)

1. Corporation Name

FILOMENA REALTY CORP.

Principal Place of Business

16220 SW 109 AVENUE
MIAMI FL 33157

Mailing Address

16220 SW 109 AVENUE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1992

3a. Date of Last Report

04/13/1994

4. FEI Number

65-0325044

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

21. 16220 S.W. 109th Ave.

Suite, Apt. #, etc.

2a. Mailing Address

26. 16220 S.W. 109th Ave.

Suite, Apt. #, etc.

22. City & State

Miami, Fla. 33157

27. City & State

Miami, Fla. 33157

23. Zip

33157

24. Country

DAde

28. Zip

33157

29. Country

DAde

9. Name and Address of Current Registered Agent

TORMEY, JOHN
16220 S.W. 109 AVENUE
MIAMI FL 33157

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 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TORMEY, JOHN
16220 SW 109 AVENUE
MIAMI FL 33157
President, Board of
Director

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EUGENE GAFFNEY
16220 S.W. 109
Avenue
Miami, Fla. 33157
Vice-President,
Board of Director

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MIMI TORMEY
16220 S.W. 109th Avenue
Miami, Fla. 33157
Secretary & Treasurer,
Board of
Director

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(b), Florida Statutes. I further certify that the information included in 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN TORMEY, PRESIDENT Feb 10, 1995 (305) 2321785

JOHN TORMEY