

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB -3 AM 11:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V22437

(0)

1. Corporation Name

COUPLE SONOGRAM INC.

Principal Place of Business

**4483 NW 36 TH ST
#118
MIAMI SPRINGS FL 33166
US**

Mailing Address

**PO BOX 441200
MIAMI FL 33144
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1992

3a. Date of Last Report

06/28/1994

2. Principal Place of Business

21 4483 NW 36th St.

2a. Mailing Address

26 P.O. Box 441200

4. Fed Number

75-0320644

65-0320644

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

22 No. 118

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒ A

**\$8.75 Additional
Fee Required**

City & State

23 Miami Springs, Fl

City & State

28 Miami, Fl

6. Election Campaign Financing

Trust Fund Contribution

☒ A

**\$5.00 May Be
Added to Fees**

Zip

Country

24 33166

25 USA

Zip

Country

29 33144

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANGEL, MONICA I
4471 NW 36 STR
MIAMI SPRINGS FL 33166**

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ASENCIO, VARINIA
4471 NW 36 STR
MIAMI SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ANGEL, MONICA I
4471 NW 36 STR
MIAMI SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 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 acknowledgment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Signature (Typed Name)