

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24870

1. Corporation Name

L. HARBER, INC.

Principal Place of Business

9100 S. Dadeland Blvd.
Suite 1001
Miami, Florida 33156

Mailing Address

9100 S. Dadeland Blvd.
Suite 1001
Miami, Florida 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/26/1992

4. FEI Number

65-0327613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 5935 S.W. 64th Avenue

Suite, Apt. #, etc

22

City & State

23 Miami, FL

Zip

24 33143

Country

25 U.S.A.

2a. Mailing Address

26 5935 S.W. 64th Avenue

Suite, Apt. #, etc

27

City & State

28 Miami, FL

Zip

29 33143

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

DEARR, CRAIG R.
9100 South Dadeland Boulevard
One Dattran Center, Suite 1001
Miami, Florida 33156

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 remitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HARBER, LOUISE R.
STREET ADDRESS 5935 S.W. 64th Avenue
CITY ST. ZIP South Miami, Florida 33143

TITLE

NAME

STREET ADDRESS

CITY ST. ZIP

TITLE

NAME

STREET ADDRESS

CITY ST. ZIP

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STREET ADDRESS

CITY ST. ZIP

TITLE

NAME

STREET ADDRESS

CITY ST. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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

☐ Change ☐ Addition

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****225.00 ****225.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise Harber

Date

(305) 662-1090

Deputy Mayor