

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

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95 APR 25 AM 10:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # V28161 (0)

1. Corporation Name
TAPIA ACCOUNTING SERVICE INC.

Principal Place of Business Mailing Address
2940 W. 68TH PLACE 2940 W. 68TH PLACE
HALEAH FL 33016 HALEAH FL 33016

3. Date Incorporated or Qualified: **04/08/1992** 3a. Date of Last Report: **04/28/1994**

4. FBI Number: **65-0330394** 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 2a. Mailing Address

21. 26. Suite, Apt. #, etc. Suite, Apt. #, etc.

22. 27. City & State City & State

23. 28. Zip Zip Country Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

TAPIA, MIREYA
2940 WEST 68TH PL
HALEAH FL 33016

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 officer 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS

TITLE: **PD**

NAME: **TAPIA, MIREYA**

STREET ADDRESS: **2940 W 68 PL**

CITY - ST - ZIP: **HALEAH FL**

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 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: _____ **4-21-95** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Taxpayer's Name #