

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 13 AM 9:45

DOCUMENT # **V41516** (8)

1. Corporation Name

SURF-BAL-BAY CLEANERS, INC.

Principal Place of Business

9417 HARDING AVE.
SURFSIDE FL 33154

Mailing Address

9417 HARDING AVE.
SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/05/1992** 3a. Date of Last Report **09/27/1994**

4. FEI Number **65-0337460** 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

7. This corporation has liability for intangible tax under S. 192.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

COSTA, MARLENE
9417 HARDING AVE.
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name **TATIANA COSTA**
82 Street Address (P.O. Box Number is Not Acceptable) **3741 NE 163 ST #118**
83
84 City **No. MIAMI BEACH FL** 85 Zip Code **33160**

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 of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ~~TATIANA COSTA, MIANA~~
NAME **COSTA, MIANA**
STREET ADDRESS **430 BAL CROSS DR.**
CITY - ST - ZIP **BAL HARBOUR FL 33154**
TITLE **VTD**
NAME **COSTA, JORGE S**
STREET ADDRESS **130 BAL CROSS DR.**
CITY - ST - ZIP **BAL HARBOUR FL 33154**
TITLE **SD**
NAME ~~COSTA, MARLENE~~
STREET ADDRESS ~~430 BAL CROSS DR.~~
CITY - ST - ZIP ~~BAL HARBOUR FL 33154~~
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3741 NE 163 ST. #118**
1.4 CITY - ST - ZIP **No. MIAMI BEACH, FL 33160**
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3741 NE 163 ST. #118**
2.4 CITY - ST - ZIP **No. MIAMI BEACH, FL 33160**
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 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 address.

SIGNATURE: **X**

(Signature and typed or printed name of signing officer or director)

6/7/95

305-866-0093