

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 APR 27 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V45363

(1)

1. Corporation Name

MIAMI MODAS INC.

Principal Place of Business

**1036 SW 1 STREET
MIAMI FL 33130**

Mailing Address

**1036 SW 1 STREET
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

APPLIED FOR 65-0343272

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 franchise tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1036 S.W. 1 ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33130

25 U.S.

29

30

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT/ CANTERA ASSOC. INC.
1036 SW 1 ST
MIAMI FL 33130-1094**

10. Name and Address of New Registered Agent

**81 Name
FLORIDA ANNUAL REPORT SERVICES, INC**

82 Street Address (P.O. Box Number is Not Acceptable)

1036 S.W. 1 ST.

83

**84 City
MIAMI**

FL

**85 Zip Code
33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1005, 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]

AMADA C. LOPEZ, PRES

(NOTE: Registered Agent signature required when registering)

DATE

4/25/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PST	MIRANDA, EDGAR	3811 SW 99 AVE #4	MIAMI 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
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	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY ST ZIP
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
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**100001471971
-05/02/95--01157--020
****200.00 ****200.00**

87 4/27

14. I do hereby certify that the information included 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 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 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]

EDGAR MIRANDA

4/25/95