

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:43

DOCUMENT # V54225

(0)

1. Corporation Name

TAVERNIER TOWNE, INC.

Principal Place of Business

51 SW 9TH ST
MIAMI FL 33130

Mailing Address

51 SW 9TH ST
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/05/1994

4. FBI Number

65-0369420

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PUYANIC, MAX D.
51 SW 9TH ST
MIAMI FL 33130

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

Max D. Puyan

(Signature of current registered agent and the corporation)

(Print Name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	PSTD PUYANIC, MAX D.	51 SW 9TH ST	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

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 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)(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 in an attachment with an address.

SIGNATURE:

Max D. Puyan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95

(305) 373-0220

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V55319 (0)

1. Corporation Name

SPORTS CARS, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 5:54

Principal Place of Business

**11522 STATE RD 84
#222
DAVE FL 33325**

Mailing Address

**11522 STATE RD 84
#222
DAVE FL 33325**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1992	3a. Date of Last Report 04/15/1994
4. FEI Number 65-0363613	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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CHRISTMAN, EVELYN
5827 DEWEY ST
HOLLYWOOD FL 33023**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

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 (Print Name, Title, and Address) Signature of Registered Agent (Print Name, Title, and Address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. Title	PVT	11. Title	☐ Change ☐ Addition
12. Name	CHRISTMAN, EVELYN	12. Name	
13. Street Address	5827 DEWEY ST	13. Street Address	
14. City, St, Zip	HOLLYWOOD FL	14. City, St, Zip	
15. Title	D	15. Title	☐ Change ☐ Addition
16. Name	CHRISTMAN, EVELYN	16. Name	
17. Street Address	5827 DEWEY ST	17. Street Address	
18. City, St, Zip	HOLLYWOOD FL	18. City, St, Zip	
19. Title		19. Title	☐ Change ☐ Addition
20. Name		20. Name	
21. Street Address		21. Street Address	
22. City, St, Zip		22. City, St, Zip	
23. Title		23. Title	☐ Change ☐ Addition
24. Name		24. Name	
25. Street Address		25. Street Address	
26. City, St, Zip		26. City, St, Zip	
27. Title		27. Title	☐ Change ☐ Addition
28. Name		28. Name	
29. Street Address		29. Street Address	
30. City, St, Zip		30. City, St, Zip	
31. Title		31. Title	☐ Change ☐ Addition
32. Name		32. Name	
33. Street Address		33. Street Address	
34. City, St, Zip		34. City, St, Zip	
35. Title		35. Title	☐ Change ☐ Addition
36. Name		36. Name	
37. Street Address		37. Street Address	
38. City, St, Zip		38. City, St, Zip	

14. I, the undersigned, 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: X Evelyn Christman Evelyn Christman 3/24/95 305-494-4444

Signature and Typed or Printed Name of Signing Officer on Declaration

Date (Type) Time (Type)

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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:43**

DOCUMENT # V55385

(1)

1. Corporation Name

LAGUNA DENTAL CORP.

Principal Place of Business

**10721 W FLAGLER ST
MIAMI FL 33172**

Mailing Address

**10721 W FLAGLER ST
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1992

3a. Date of Last Report
08/05/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0350536

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, MANUEL
1246 W 68TH ST
HIALEAH FL 33014**

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 fee, if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**DPT
GONZALEZ, MANUEL
1246 W 68TH ST
HIALEAH FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**DVS
GONZALEZ, LILIAN
1246 W 68TH ST
HIALEAH FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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:

Manuel Gonzalez
MANUEL GONZALEZ

(305) 225-7630

3/20/94

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**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 4:14

DOCUMENT # V55513 (8)

1. Corporation Name

THE LAMP GALLERY, INC.

Principal Place of Business

**4135 M. L. KING JR. BLVD.
FT. MYERS FL 33916
US**

Mailing Address

**8923 LELY ISLAND CIR
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1992

3a. Date of Last Report

07/18/1994

4. FEI Number

65-0346832

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGRATH, PETER J.
8923 LELY ISLAND CIR
NAPLES FL 33962**

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 must be printed name of registered agent and filed in separate block)

(NOTE: Registered Agent signature required when transferring)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDS
NAME	MCGRATH, PETER J
STREET ADDRESS	8923 LELY ISLAND CIRCLE
CITY, ST, ZIP	NAPLES FL
TITLE	TD
NAME	WESSEL, NORMA R
STREET ADDRESS	8923 LELY ISLAND CIRCLE
CITY, ST, ZIP	NAPLES 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	

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 Sections 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 as changed, or as an attachment with an address.

SIGNATURE:

Peter J. McGrath
PETER J. MCGRATH

March 22, 1995 813-793-1355

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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:08

DOCUMENT # V57523

(5)

1. Corporation Name

MF HOME CARE SERVICES, INC.

Principal Place of Business

1000 PONCE DE LEON BLVD.
SUITE 113
CORAL GABLES FL 33134

Mailing Address

1000 PONCE DE LEON
201 A
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1992

3a. Date of Last Report

01/25/1994

4. FEI Number

65-0342294

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

21 1000 PONCE DE LEON

2a. Mailing Address

26 SAME

Suite, Apt. #, etc

22 201 A

Suite, Apt. #, etc

27

City & State

23 CORAL GABLES

City & State

28

Zip

24 FLA

Country

25 DARG

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FERRO, MARGARITA
3112 BIRD AVE.
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

MARGARITA FERRO

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

90 EDGEWATER DRIVE, APT 122

83

CORAL GABLES, FLA 33133

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALEZ, MARGARITA
STREET ADDRESS 90 EDGEWATER DRIVE, #122
CITY, ST, ZIP MIAMI FL

TITLE P
NAME FERRO, MARGARITA
STREET ADDRESS 100 EDGEWATER DRIVE APT 141
CITY, ST, ZIP CORAL GABLES 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

11 TITLE MARGARITA GONZALEZ ☒ Change ☐ Addition
12 NAME 90 EDGEWATER DRIVE, APT. 1002
13 STREET ADDRESS CORAL GABLES, FLA 33133
14 CITY, ST, ZIP

21 TITLE MARGARITA FERRO ☒ Change ☐ Addition
22 NAME 90 EDGEWATER DRIVE, APT 122
23 STREET ADDRESS CORAL GABLES, FLA 33133
24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margarita Gonzalez ADMINISTRATOR
VICE PRESIDENT
MARGARITA GONZALEZ

1/9/95 305-448-74-80
Date