

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63179 (8)

1. Corporation Name

ARCADIA INC. OF MIAMI

Principal Place of Business

Mailing Address

~~1910 CORAL WAY~~
~~MIAMI BEACH, FL 33134~~

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~~MIAMI BEACH, FL 33134~~

300 ARAGON AVE SUITE 340
CORAL GABLES FLORIDA 33134

300 ARAGON AVE SUITE 340
CORAL GABLES FLORIDA 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1992

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0407503

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. 199.012,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 300 ARAGON AVE

Suite, Apt., etc.

22 340

City & State

23 CORAL GABLES

Zip

24 FLORIDA

Country

25 33134 USA

2a. Mailing Address

26 300 ARAGON AVE

Suite, Apt., etc.

27 340

City & State

28 CORAL GABLES, FLORIDA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

CORAZZINI, PABLO
1312 CORAL WAY
MIAMI FL 33145

81 Name

CORAZZINI, PABLO

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

83 1326 MILAN AVE.

84 CORAL GABLES

FL

85 33134

10. Name and Address of New Registered Agent

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 Agent, or Agent, after Registered Agent, or after Registered Agent)

(Signature of Agent, or Agent, after Registered Agent, or after Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1. NAME D CORAZZINI, PABLO
2. STREET ADDRESS 3916 GRANADA BLVD
3. CITY, ST, ZIP CORAL GABLES FL
4. NAME D VITALINI, LUIGI
5. STREET ADDRESS 716 MENDOZA AVEN
6. CITY, ST, ZIP CORAL GABLES FL
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)
1. NAME D CORAZZINI, PABLO
2. STREET ADDRESS 1326 MILAN AVE
3. CITY, ST, ZIP CORAL GABLES FL, 33134
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. NAME
17. STREET ADDRESS
18. 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 Sections 190.07(4)(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 liquidator appointed in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on an attachment with an address.

SIGNATURE:

Pablo Corazzini
PABLO CORAZZINI

(Signature and Typed, Printed Name of Signing Officer or Director)

APRIL 26, 95 (305) 567 0602