

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

**APPROVED
AND
FILED**

95 MAY -1 PH 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 454888 (9)

1. Corporation Name
EL TRIO FELIZ CORP.

Principal Place of Business Mailing Address

**1036 S.W. 1 ST.
MIAMI FL 33031
US** **1036 S.W. 1 ST.
MIAMI FL 33031
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **1036 S.W. 1 ST.** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **MIAMI FLA.** 28

Zip Country Zip Country

24 **-33130** 25 **US.** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

06/18/1974 **05/01/1994**

4. FEI Number Applied For

59-1545044 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICE/CANTERA & ASSOCIATES INC.
1036 S.W. 1 ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 **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 607.1504 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent as 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, Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA C. LOPEZ PRES** 4/27/95 DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P GARCIA, FAUSTINO | 1.2 NAME | |
| STREET ADDRESS | 4041 N.W. 7TH STREET | 1.3 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 1.4 CITY ST ZIP | |
| TITLE | SO | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERNANDEZ, LUIS | 2.2 NAME | |
| STREET ADDRESS | 4041 N.W. 7TH STREET | 2.3 STREET ADDRESS | 300001474243 |
| CITY ST ZIP | MIAMI FL | 2.4 CITY ST ZIP | -05/03/95--01161--016 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | ***200.00 ***200.00 |
| CITY ST ZIP | | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | APR 5/11 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 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: *[Signature]* 4/27/95 305) 54-58686 DATE (Official Printed Name)

Signature typed or printed name of signing officer or director DATE (Official Printed Name)