

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:06

DOCUMENT # **P94000004294 (2)**

1. Corporation Name
SKY VENDING INC.

Principal Office Location: **20022 N.W. 57TH PLACE MIAMI FL 33015**
Mailing Address: **20022 N.W. 57TH PLACE MIAMI FL 33015**

Due Date: 01/19/1994

3. Date of Filing: **01/19/1994** 3a. Date of Last Report

2. Applicable State of Incorporation: **21** 2b. Mailing Address: **26**

4. FEI Number: **65-046-0552** Applied For: Not Applicable:

22. State of Incorporation: **22** 27. State of Incorporation: **27**

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

23. City & State: **23** 28. City & State: **28**

6. Election Campaign Financing: **\$5.00 May Be Added in Fee**

24. County: **24** 25. County: **25** 29. County: **29** 30. County: **30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUTIERREZ, RAFAEL
20022 N.W. 57TH PLACE
MIAMI FL 33015**

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 607.02(1) and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0205, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101. PD
NAME: **GUTIERREZ, RAFAEL**
STREET ADDRESS: **20022 N.W. 57TH PLACE**
CITY, STATE, ZIP: **MIAMI FL 33015**

11. NAME: Change Addition

102. STD
NAME: **GUTIERREZ, MARLEN**
STREET ADDRESS: **20022 N.W. 57TH PLACE**
CITY, STATE, ZIP: **MIAMI FL 33015**

12. NAME: Change Addition

103. NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

13. NAME: Change Addition

104. NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

14. NAME: Change Addition

105. NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

15. NAME: Change Addition

106. NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

16. NAME: Change Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing is complete, furnished and does not qualify for the exemption stated in law 1995-105, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 name or position of the person to whom this report is reported by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1(a) thereof, or on an attachment with an address.

SIGNATURE: **RAFAEL GUTIERREZ, PRESIDENT**

305-625-6018