

**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**

05 MAY - 1 PM 3: 56

**DOCUMENT # P94000010300 (9)**

1. Corporation Name  
**AUGMAR-MONTILLA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**7305 WEST SAMPLE ROAD  
STE. 101  
CORAL SPRINGS FL 33065**

Mailing Address  
**7305 WEST SAMPLE ROAD  
STE. 101  
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**02/09/1994**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0466786**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

City & State

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

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip

Country

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

**RODRIGUEZ, MARGO  
7305 WEST SAMPLE ROAD  
STE. 101  
CORAL SPRINGS FL 33065**

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PSTD  
RODRIGUEZ, MARGO  
7305 WEST SAMPLE ROAD STE. 101  
CORAL SPRINGS FL 33065**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**S/D  
RODRIGUEZ, MARGO  
7305 West Sample Road - Suite 101  
Coral Springs, FL 33065**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**P  
Fernando J. Montilla  
7305 West Sample Road - Suite 101  
Coral Springs, FL 33065**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

**V  
Augustin Rodriguez  
7305 West Sample Road - Suite 101  
Coral Springs, FL 33065**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

**T  
Tracy Montilla  
7305 West Sample Road - Suite 101  
Coral Springs, FL 33065**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
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 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: *Margo Rodriguez*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Margo Rodriguez**

04/26/95 (305) 753-8591