

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033090 (9)

1. Corporation Name
11113 ASSOCIATES, INC.

Principal Place of Business Mailing Address
11113 SW 128 PL MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/02/1994** 3a. Date of Last Report **n/a**

2. Principal Place of Business 2a. Mailing Address
21 **14311 SW 88 Street** 26 **14311 SW 88 Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **A 301** 27 **A 301**
City & State City & State
23 **Miami FL** 28 **Miami FL**
Zip Country Zip Country
24 **33186** 25 **USA** 29 **33186** 30 **USA**

4. FEI Number **65-0487274** 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

9. Name and Address of Current Registered Agent
GONZALEZ, ROLANDO P
11113 SW 128 PL
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name **Sune**
82 Street Address (P.O. Box Number is Not Acceptable) **14311 SW 88 Street**
83 **A 301**
84 City **Miami** FL 85 Zip Code **33186**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rolando Gonzalez	1.2 NAME	
STREET ADDRESS	14311 SW 88 Street, A301	1.3 STREET ADDRESS	
CITY - ST - ZIP	Miami FL 33186	1.4 CITY - ST - ZIP	
TITLE	Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodolfo Gonzalez	2.2 NAME	
STREET ADDRESS	14311 SW 88 Street, A301	2.3 STREET ADDRESS	
CITY - ST - ZIP	Miami FL 33186	2.4 CITY - ST - ZIP	
TITLE	Director & Secretary	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martina Gonzalez	3.2 NAME	
STREET ADDRESS	15124 NW 87 Place	3.3 STREET ADDRESS	
CITY - ST - ZIP	Miami FL 33016	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	
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 119.07(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: **Rolando Gonzalez, President** 8/4/95 (25) 598-4691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)