

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -6 PM 1:13

DOCUMENT # P94000074890 (2)

1. Corporation Name  
580 CRANDON BLVD., INC.

Principal Place of Business Mailing Address  
3171 S.W. 134TH COURT 3171 S.W. 134TH COURT  
MIAMI FL 33175 MIAMI FL 33175

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/12/1994 3a. Date of Last Report NEW  
4. FBI Number / 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

2. Principal Place of Business 26. Mailing Address  
21 580 CRANDON BLVD. INC. 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Key Biscayne, FL. 28  
Zip Country Zip Country  
24 33149 25 Dade 29 30

9. Name and Address of Current Registered Agent  
CRUZ, RAUL  
3171 S.W. 134TH COURT  
MIAMI FL 33175

10. Name and Address of New Registered Agent  
81 Name RODOLFO ESTEFANO  
82 Street Address (P.O. Box Number is Not Acceptable) 3820 S.W. 138 AVE  
83  
84 City MIAMI FL 85 Zip Code 33175

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

TITLE	D
NAME	CRUZ, RAUL
STREET ADDRESS	3171 S.W. 134TH COURT
CITY - ST - ZIP	MIAMI FL 33175
TITLE	SECRETARY / TREASURER
NAME	RODOLFO ESTEFANO
STREET ADDRESS	3820 S.W. 138 AVE.
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(b), Florida Statutes. I further certify that the information located 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: Rodolfo Estefano 1/31/95 361-1772  
SIGNATURE TO BE PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)