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

**PROFIT** CORPORATION ANNUAL REPORT

CLIMENT #

PRATS, GABRIEL

151 MAJORCA AVE

**CORAL GABLES FL 33134** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

MARBARA (R) DOKO

District District of District	Mailing Address
Principal Place of Business	<u> </u>
173 ARLINGTON RD WEST PALM BEACH FL 33405	173 ARLINGTON RD WEST PALM BEACH FL 33405

9. Name and Address of Current Registered Agent

\$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing 6A b/ FS, F1 7 30 Country & A. Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, [] Yes 【☑No Florida Statutes 10. Name and Address of New Registered Agent Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 85 City 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. Lan familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

3. Date Incorporated or Qualified 11/17/1995

FEI Number

3a. Date of Last Report

Applied For

Not Applicable

SIGNATURE #LOTE Registered Agent signature required when reinstating Signature, typed or portled name of registerest agos hand title dupply about ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.11TLE TITLE 1.2 NAME URSINE, WILLIAM M NAME 173 ARLINGTON RD 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP Addition Change DELETE 2.1 TILE TITLE 2.2 NAME CARNEIRO, ROBERTO 173 ARLINGTON RD 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33405 2 4 CITY - ST - ZIP CITY - ST-ZIP Change ☐ Addition C DELETE 3 1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIF CITY-ST-ZIP Change Addition DELETE 4 LITTLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 5.11111.6 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST 2IP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 6 1 TIFLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 Efurther 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 12 or Block 13 or blanded, or on an attachment with an address.

SIGNATURE:

CR2E034 (12/95)