## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

**CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 P97000096706 (1) **DOCUMENT #** 3.20.48 OCAMPO SALES, INC. Principal Place of Business Mailing Address 5801 WEST 2ND COURT 5801 WEST 2ND COURT HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1997 4. FEI Number 65 - 0793099 2. Principal Place of Business 2a. Mailing Address Applied For 8201 N.W. 66 ST 21 8201 N W 66 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5, Certificate of Status Desired Ġ Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI MIAMI Trust Fund Contribution Added to Fees 23 Country Country 33166 8. This corporation owes or has paid the current year Intangible USA USA Personal Property Tax due June 30. Y Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **AMERILAWYER** FILIBERTH A. \_343 ALMERIA AVENUE Address (P.O. Box Number is Not Acceptable 65 (J.E.S.T. (J.E. PLACE CORAL GABLES FL 33134 83 Zip Code 33016 84 GARDENS HIALEAH 11. Pursuant to the previsions 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 Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. 05-26-98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE P/V/S/T Change TITLE 1.1 TITLE VERDE, CARLOS FILIBERTH A. OCAMPO NAME 1.2 NAME 5801 WEST 2ND COURT 2365 WEST 66 PLACE HYALEAH GARDENS, FL STREET ADDRESS 1.3 STREET ADDRESS 33016 ☐ Change HIALEAH FL 33012 CHTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE VERDE, CARLOS NAME 22 NAME 5801 WEST 2ND COURT STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33012 2 4 CITY-ST-ZIP CITY-ST-ZIP DILETE Change Addition TITLE 3 1 TOLE NAME 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS 3.4. C(1Y - ST - Z(P CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ANDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TIBLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY+ST-ZIP 5.4 CITY - ST - ZIP 6000025530E<sup>Change</sup> DELETE 6.1 TITLE TITLE 6.2 NAME NAME -06/09/98---01074---020 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 6.4 CITY - S1 - 7(P 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplemental acquait 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

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 04 1998 8:00am

408/98 205-640-0380