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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V54353**1. Corporation Name

(0)

PLA & ESPINEL CORPORATION

MIAMI FL

CITY-ST-ZIP

CITY - ST - ZIP

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

| Principal Place of Business Mailing Address  3028 NW 7TH STREET  3028 NW 7TH STREET                            |                                   |                       |              |  |              |   | <del></del> |  |   |                                   |                                |                       |                     |  |
|--|-----------------------------------|-----------------------|--------------|--|--------------|---|-------------|--|---|-----------------------------------|--------------------------------|-----------------------|---------------------|--|
| MIAMI FL 331   | 25                                |                       | W            | IIAMI FL 33125-4204  |              |   |             |  | 3. Date Incorporated or Qualified 07/27/1992                                |                                   | ate of Las                     |                       | rt                  |  |
| 2. Principal Place of Business 2a. Mailing Add   |                                   |                       |              |  |              |   |             |  |   |                                   |                                | Applie                | d For               |  |
| 21   |                                   |                       |              | 26   |              |   |             |  | 05.0004505  |                                   |                                |                       | pplicable           |  |
| Suite, Apt. #, etc.  |                                   |                       |              | Suite, Apt. #, etc.  |              |   |             | 5. Certificate of Status Desired               |   | \$8.75 Additional<br>Fee Required |                                |                       |                     |  |
| City & State   |                                   |                       | 28           | City & State   |              |   |             |  | 6. Election Campaign Financing<br>Trust Fund Contribution                   |                                   | \$5.00 May Be<br>Added to Fees |                       |                     |  |
| Zıp <b>24</b>  |                                   | Country<br>25         | 29           | Zip  | 30 Co        | untry                                     |             |  | 8. This corporation has liability for<br>Florida Statutes                   |                                   | tax under s. 199.032,<br>No    |                       |                     |  |
| g, Name and Address of Current Registered Agent  |                                   |                       |              |  |              |   |             | ,  | 10. Name and Address of New Registered Agent                                |                                   |                                |                       |                     |  |
|  | nzalez, je                        |                       |              |  |              | 81  | Name        |  |   |                                   |                                |                       |                     |  |
| 2160 SW 137TH PLACE  |                                   |                       |              |  |              | 82  | Street Ad   | et Address (P.O. Box Number is Not Acceptable) |   |                                   |                                |                       | -                   |  |
| Miami Fl. 33175  |                                   |                       |              |  |              | Ш   |             |  |   |                                   |                                |                       |                     |  |
|  |                                   |                       |              |  |              | 83  |             |  |   |                                   |                                |                       |                     |  |
| į  |                                   |                       |              |  |              | 84  | City        |  |   | FL                                | 85 Z                           | ip Cod                | e                   |  |
| office or  | registered ag                     | ent, or both in the S | tate of Flor | 607.1508. Florida Statu<br>ida. Such change was<br>of, Section 607.0505, F | authorize    | d by                                      | the corpor  | orpora<br>ration                               | ation submits this statement for the<br>'s board of directors. I hereby acc | purpose of<br>opt the app         | changin<br>ointment            | g its regi<br>as regi | gistered<br>istered |  |
| SIGNATURE  |                                   |                       |              |  |              |   |             |  |   |                                   |                                |                       |                     |  |
| Signature: Typed or pricted name of registered agent and tild if applicable (NOTE:  12. OFFICERS AND DIRECTORS |                                   |                       |              |  |              | Ring stered Agent signature request.  13. |             |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                           |                                   |                                |                       |                     |  |
| TITLE  | T DP                              | OF FIGURE             | AND DINE     | DELETE   | 1.1 1        | IIIE                                      |             |  | ADDITIONS/CHANGES TO OFF  | ICENS AND                         | Chanc                          |                       | Addition            |  |
| NAME   | PLA. SEGUNDO                      |                       |              |  |              | 1.2 NAME                                  |             |  |   |                                   |                                |                       |                     |  |
|  | STREET ADDRESS 2840 NW 6TH STREET |                       |              |  |              | 1.3 STREET ADDRESS                        |             |  |   |                                   |                                |                       |                     |  |
| CHTY-ST-ZIP  | MANN EL 22126                     |                       |              |  |              | 1.4 CITY - ST - ZIP                       |             |  |   |                                   |                                |                       |                     |  |
| TITLE  | DS                                |                       |              | ☐ DELETE   | 21 T         | ITLE                                      |             | •  |   |                                   | Chang                          | je 🗀                  | Addition            |  |
| NAME   |                                   | ie, maria t.          |              |  | 2.2 N        | IAME                                      |             |  |   |                                   |                                |                       |                     |  |
| STREET ADDRESS   |                                   | /. 6TH ST.            |              |  | 2.3 9        | TREET                                     | ADDRESS     |  | ;   |                                   |                                |                       | }                   |  |
| CITY-ST-ZIP  | MIAMI FL                          | ·                     |              |  | 2.41         | CITY-S                                    | ST - ZiP    |  | <u></u>   |                                   |                                |                       |                     |  |
| TITLE  | DT                                | BALL NIO              |              | ☐ DELETE   | 3 1 <b>T</b> | TLE                                       |             |  |   | <del></del>                       | Chang                          | e 🗀                   | Addition            |  |
| NAME   |                                   | PAULINO               |              |  | 321          | IAME                                      | ļ           |  |   |                                   |                                |                       |                     |  |
| STREET ADDRESS   | 2785 N.W                          | 1. 5TH ST.            |              |  | 338          | TREET                                     | ADDRESS     |  |   |                                   |                                |                       | 1                   |  |

14. I do hereby 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 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

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

4.4 CITY - ST-ZIP

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

4.1 TITLE 4-2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 THLE

6.2 NAME

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