FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S52670** **(4)**

1. Corporation Name
ALMONT, INC.

Principal Place of Business	Mailing Address
13199 N.W. 107TH AVENUE #2 HIALEAH GRDENS FL 33016 US	13199 N.W. 107TH AVENUE #2 HIALEAH GARDENS FL 33016 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/15/1991**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business
21: 1
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: 15490 NW 97 Ave.
Suite, Apt. #, etc. 27:
City & State 28: Miami, Fl
Zip 29: 33016 Country 30: Dade

4. FEI Number: **65-0303121** ☐ 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

~~MONTEAGUDO, JESUS~~
~~9550 N.W. SOUTH RIVER DR.~~
~~MEDLEY FL 33166~~

ANTONIO GONZALEZ, ESQ
8979 N.W. 152 Lane
MIAMI, FL. 33016

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: [signature] ANTONIO GONZALEZ 4-29-95
Signature, typed or printed name of registered agent and date of execution (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ~~MONTEAGUDO, JESUS~~ ~~9550 NW SOUTH RIVER DR.~~ ~~MEDLEY FL~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition JESUS MONTEAGUDO D, PRES., SEC. 15490 N.W. 97TH AVE. MIAMI, FL. 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ~~ALMEIDA, CARLOS M., JR.~~ ~~9550 NW SOUTH RIVER DR.~~ ~~MEDLEY FL~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition CARLOS ALMEIDA, JR. D, TREAS. 15490 N.W. 97 Ave. MIAMI, FL. 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ~~ALMEIDA, CARLOS M., JR.~~ ~~9550 NW SOUTH RIVER DR.~~ ~~MEDLEY FL~~	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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.

SIGNATURE: [signature] Jesus Monteagudo 4-29-95 (305) 826-0707
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #

000039 CP