

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 28 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 404605

(8)

1. Corporation Name

CRISTINA PROPERTIES, INC.

Principal Place of Business

**943 W FLAGLER ST
MIAMI FL 33130-1139**

Mailing Address

**1036 SW 1 ST
MIAMI FL 33130
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1972

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1492324

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**

7. This corporation has liability for intangible tax under S. 199.012,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21 1036 S.W. 1 ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33130

Country

25 U.S.

Zip

29 33130

Country

30 U.S.

9. Name and Address of Current Registered Agent

**FL ANNUAL RPT/CANTERA ASSOCIATES INC.
1036 SW 1ST ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent

**81 Name
FLORIDA ANNUAL REPORT SERVICES INC.**

**82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.**

83

**84 City
MIAMI**

FL

**85 Zip Code
33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 typed or printed name of Registered Agent (if not a natural person)

AMADA C. LOPEZ, PRES

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PD	FERNANDEZ, JOSE H	943 W. FLAGLER STREET	MIAMI FL
SD	FERNANDEZ, ALBERTO	943 W. FLAGLER STREET	MIAMI FL
VD	FERNANDEZ, JOSE R.	943 W. FLAGLER STREET	MIAMI FL
TD	FERNANDEZ, JORGE LUIS	943 W. FLAGLER STREET	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
PD	FERNANDEZ, JOSE R.	943 W. FLAGLER STREET	MIAMI, FLORIDA

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R FERNANDEZ

DATE

4/95

(Typed Name)