

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Abadiah
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED

DOCUMENT # K32035

(3)

To: Corporation Name

CONDOR OVERSEAS, INC.

08/26/1988 11:25

06/10/1994
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 1775 NW 97TH AVE MIAMI FL 33172 US		2a. Mailing Address P.O. BOX 527405 MIAMI FL 33152 US		3. Date Incorporated or Qualified 08/26/1988	3a. Date of Last Report 06/10/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FCI Number 65-0070608		Applied For Not Applicable	
State, Apt. #, etc. 22	State, Apt. #, etc. 27	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24	25	29		30	
9. Name and Address of Current Registered Agent ORIZONDO, CARLOS I. 8820 S.W. 58TH ST. MIAMI FL 33173				10. Name and Address of New Registered Agent	

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

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 of Registered Agent or Registered Agent's Representative)

(Signature of Agent or Representative of Corporation)

DAY

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD ORIZONDO, CARLOS I. 8820 S.W. 57TH ST. MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP GARCIA, CONCEPCION 1338 W. 80TH ST. HIALEAH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	S ARTURO DE LA O 9425 SW. 18TH TERR. MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	T MARTINEZ, LAYDA 9972 S.W. 2ND TERR MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is, and the information changed, not supplied for the reasons stated in Section 119.01(7)(b), Florida Statutes. I further certify that this information is not intended for, and is not a request for, any public use, and that any signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered broker responsible for completing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or in an addition thereto, with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS I. ORIZONDO

4/2/90 (JMS) 591-1115