

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K87211 (4)

1. Corporation Name:
BLACKONE, CORP.

Principal Office of Business Mailing Address
* JOSE PICO * JOSE PICO
8601 SW 75 ST 8601 SW 75 ST
MIAMI FL 33143 MIAMI FL 33143

(DO NOT WRITE IN THIS SPACE)

2. Principal Office of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
21		26		05/09/1989		02/02/1994	
22		27		4. FIC Number		Applied For	
23		28		65-0115946		Not Applicable	
24		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. This corporation has, under the provisions of the Florida Statutes, filed a statement of financial condition with the Secretary of State.		Yes ☐ No ☒	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PICO, JOSE 8601 SW 75 ST MIAMI FL 33143				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 607.01 and 607.02, Florida Statutes, the above named corporation hereby the 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 607.02(2), Florida Statutes.

SIGNATURE: By: Secretary of State

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS	
1. NAME PICO, JOSE 8601 SW 75 ST MIAMI FL		1. NAME ☐ Change ☐ Addition	
2. NAME		2. NAME ☐ Change ☐ Addition	
3. NAME		3. NAME ☐ Change ☐ Addition	
4. NAME		4. NAME ☐ Change ☐ Addition	
5. NAME		5. NAME ☐ Change ☐ Addition	
6. NAME		6. NAME ☐ Change ☐ Addition	
7. NAME		7. NAME ☐ Change ☐ Addition	
8. NAME		8. NAME ☐ Change ☐ Addition	
9. NAME		9. NAME ☐ Change ☐ Addition	
10. NAME		10. NAME ☐ Change ☐ Addition	
11. NAME		11. NAME ☐ Change ☐ Addition	
12. NAME		12. NAME ☐ Change ☐ Addition	
13. NAME		13. NAME ☐ Change ☐ Addition	
14. NAME		14. NAME ☐ Change ☐ Addition	
15. NAME		15. NAME ☐ Change ☐ Addition	
16. NAME		16. NAME ☐ Change ☐ Addition	
17. NAME		17. NAME ☐ Change ☐ Addition	
18. NAME		18. NAME ☐ Change ☐ Addition	
19. NAME		19. NAME ☐ Change ☐ Addition	
20. NAME		20. NAME ☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief and that I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE: JOSE PICO 4-20-95 305-595-1267