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

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED
96 MAY -1 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **325665** **(8)**

1. Corporation Name
THE TEXAS CORNER, INC.

Principal Place of Business
1036 SW 1 ST
MIAMI FL 33130
US

Mailing Address
101 S W 12TH AVE
MIAMI FL 33130

3. Date Incorporated or Qualified: **01/25/1968**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 2300 CORAL WAY
22 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA.
24 Zip: 33145
25 Country: US.

2a. Mailing Address
26 2300 CORAL WAY
27 Suite, Apt. #, etc.
28 City & State: MIAMI FLORIDA.
29 Zip: 33145
30 Country: US.

4. FEI Number: **59-1202017** ☐ 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

CHAMIZO,WILFREDO
1834 S.W. 102ND COURT
MIAMI FL

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): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI FL 85 Zip Code: 33145

11. Pursuant to the provisions of Section 607.0501 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 duties and responsibilities of Section 607.0505, Florida Statutes.

SIGNATURE _____ AMADA CANTERA LOPEZ, PRES. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHAMIZO, ALEJANDRO		1.2 NAME		
STREET ADDRESS	2951 LUCAYA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	T/D.	☐ Change ☐ Addition
NAME	CHAMIZO, WLIFREDO		2.2 NAME	CHAMIZO WILFREDO	
STREET ADDRESS	1834 S W 102 COURT		2.3 STREET ADDRESS	1834 S.W. 102 COURT	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	MIAMI FLORIDA.	
TITLE	SD	☐ DELETE	3.1 TITLE	S/D.	☐ Change ☐ Addition
NAME	CHAMIZO, WILFREDO, JR.		3.2 NAME	CHAMIZO WILFREDO JR	
STREET ADDRESS	12021 SW 108 STREET		3.3 STREET ADDRESS	12021 S.W. 108 STREET	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FLORIDA.	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: x _____ 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
WILFREDO CHAMIZO