

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000088784

**Entity Name:** S.S.L. CORP.

**Current Principal Place of Business:**

2530 NW SERVICE ROAD  
OPA LOCKA, FL 33054

**Current Mailing Address:**

2530 NW SERVICE ROAD  
OPA LOCKA, FL 33054

**FEI Number:** 46-1247834

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARTUSTE, JOEL A  
721 E 47 ST  
HIALEAH, FL 33013 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name BARTUSTE, JOEL A  
Address 721 E 47 ST  
City-State-Zip: HIALEAH FL 33013

Title D  
Name RAMOS, GORKY  
Address 14480 SW 160 TERR  
City-State-Zip: MIAMI FL 33177

Title VP  
Name OBREGON, EDILBERTO  
Address 706 NW 87 AVE, #409  
City-State-Zip: MIAMI FL 33172

Title D  
Name TEXIDOR, ARNALDO  
Address 13375 NE 4 CT  
City-State-Zip: N MIAMI FL 33161

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARTUSTE , JOEL A

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date