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

DOCUMENT # **329460** **(0)**

1. Corporation Name
3034 OAK AVE. INC.

Principal Place of Business	Mailing Address
C/O PACIFIC R. E. MGT CORP. #403 2490 CORAL WAY MIAMI FL 33145 US	C/O PACIFIC R. E. MGMT #403 2490 CORAL WAY MIAMI FL 33145 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **04/30/1968**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **13-2617358** ☐ 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

MURAI,WALD,BIONDO,MATTHEWS & MORENO, PA
25 S.E. SECOND AVENUE, SUITE #900
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.0502 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 obligations of Section 607.0505, Florida Statutes.

*SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SCHULTHEIS,THEODORE		12 NAME	
STREET ADDRESS	422 EAST 58 STREET		13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ISAIAS,ROBERTO		22 NAME	
STREET ADDRESS	422 EAST 58 STREET		23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ISAIAS, JUAN CARLOS		32 NAME	
STREET ADDRESS	422 EAST 58 STREET		33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ISAIAS, ESTEFANO		42 NAME	
STREET ADDRESS	422 EAST 58 STREET		43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this report 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 report or supplemental attached 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 attached report with the address.

SIGNATURE: THEODORE SCHULTHEIS 2/21/96 305-859-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #