SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:55

DOCUMENT # **398628** **(8)**

1. Corporation Name
S P N CORP.

Principal Place of Business	Mailing Address
8555 SW 94 AVE **MIAMI FL 33173**	**8555 SW 94 AVE** **MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/04/1972	**08/15/1994**

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

4. FEI Number
59-2001586
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

7. This corporation has [illegible] Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEGREIRA,SERGIO **8555 SW 94 AVE** **MIAMI FL 33173**	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
[illegible] (Registered Agent signature required in writing) (Date)

12. OFFICERS AND DIRECTORS		13.	
11 TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
12 NAME	**NEGREIRA,SERGIO**	12 NAME	
13 STREET ADDRESS	**8555 SW 94 AVE.**	13 STREET ADDRESS	
14 CITY ST ZIP	**MIAMI FL**	14 CITY ST ZIP	
21 TITLE	**VP**	21 TITLE	☑ Change ☐ Addition
22 NAME	**NEGREIRA, SERGIO**	22 NAME	NEGREIRA, SERGIO JR.
23 STREET ADDRESS	**8555 SW 94 AVE.**	23 STREET ADDRESS	13541 SW 11 TERR
24 CITY ST ZIP	**MIAMI FL**	24 CITY ST ZIP	MIAMI FLA
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I (We) hereby certify that the information supplied with this form is substantially true 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 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 above, or on an attachment with an address.

SIGNATURE: S. Negreira 6/24/95 (305) 596 3457
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Telephone Number)
SERGIO P. NEGREIRA

000438 CP