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

CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED
95 APR 24 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **414181** **(8)**

1. Corporation Name
**RECIO AND ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9630 S.W. 79TH ST.<br>MIAMI FL 33173-3325 | 9630 S.W. 79TH ST.<br>MIAMI FL 33173-3325 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/06/1972**
3a. Date of Last Report: **05/01/1994**

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 **8053 NW 64 ST** | 2a. Mailing Address<br>26 **8053 NW 64 ST** | 4. FEI Number<br>**59-1435286** | ☐ Applied For<br>☐ Not Applicable |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 **N/A** | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State<br>23 **MIAMI, FL** | City & State<br>28 **MIAMI, FL** | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 **33166** Country 25 **USA** | Zip 29 **33166** Country 30 **USA** | 8. This corporation has nearly no intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| **RECIO, RICARDO**<br>**9630 S.W. 79TH ST.**<br>**MIAMI FL** | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____
(NOTE: Registered Agent's signature required if Agent is changed.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | RECIO, RICARDO B. | 12 NAME | RICARDO B. RECIO | |
| STREET ADDRESS | 9630 S.W. 79TH ST. | 13 STREET ADDRESS | 6950 Granada Blvd | |
| CITY ST ZIP | MIAMI FL | 14 CITY ST ZIP | CORAL GABLES, FL. 33146 | |
| TITLE | V | 21 TITLE | SECRETARY | ☒ Change ☐ Addition |
| NAME | RECIO, ADMA I. | 22 NAME | Adma I. Recio | |
| STREET ADDRESS | 9630 S.W. 79TH ST. | 23 STREET ADDRESS | 6950 Granada Blvd. | |
| CITY ST ZIP | MIAMI FL | 24 CITY ST ZIP | Coral Gables, FL. 33146 | |
| TITLE | | 31 TITLE | VICE President | ☐ Change ☒ Addition |
| NAME | | 32 NAME | PEDRO L. Bofill | |
| STREET ADDRESS | | 33 STREET ADDRESS | 11220 SW 67 Ave | |
| CITY ST ZIP | | 34 CITY ST ZIP | MIAMI, FL. 33174 | |
| TITLE | | 41 TITLE | TREASURER | ☐ Change ☒ Addition |
| NAME | | 42 NAME | Idois Pittaluga | |
| STREET ADDRESS | | 43 STREET ADDRESS | 10633 SW 129 PL | |
| CITY ST ZIP | | 44 CITY ST ZIP | MIAMI, FL 33186 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

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 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:** _____ 4/14/95 95K-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0187306 CP