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 # **443503** **(8)**

1. Corporation Name

M. P. R. CORPORATION

Principal Place of Business

6995 N.W. 46TH ST.
MIAMI FL 33166

Mailing Address

6995 N.W. 46TH ST.
MIAMI FL 33166

3. Date Incorporated or Qualified: **02/15/1974**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-1545600** ☐ 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

2. Principal Place of Business

21 6965 NW 46th Street

22 Suite, Apt. #, etc.

23 City & State: MIAMI FL

24 Zip: 33166 25 Country: DADE

2a. Mailing Address

26 PO BOX 526145

27 Suite, Apt. #, etc.

28 City & State: MIAMI FL

29 Zip: 33152-6145 30 Country: DADE

9. Name and Address of Current Registered Agent

GILBRIDGE, JAMES F.
ONE BISCAYNE TOWER, 15TH FLOOR
2 SOUTH BISCAYNE BLVD.
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 Section 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RODRIGUEZ (ERNESTO)	
STREET ADDRESS	6965 NW 46 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	RODRIGUEZ, NORMA B.	
STREET ADDRESS	6965 NW 46 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0122(6), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment does not include any prohibited personal information as defined in Section 119.07(5)(i), Florida Statutes. I further affirm 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 added.

SIGNATURE: ERNESTO RODRIGUEZ 03-15-96 305 592-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)