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FILED  
Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

~~6965 NW 46TH ST~~  
~~MIAMI FL 33166~~  
~~US~~

~~PO BOX 520145~~  
~~MIAMI FL 33152-0145~~  
~~US~~

3. Date Incorporated or Qualified  
02/15/1974

3a. Date of Last Report  
04/03/1996

2. Principal Place of Business  
21 6995 NW 46 St.

2a. Mailing Address  
26 6995 NW 46 St.

4. FEI Number  
59-1545600

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 Ste. A

Suite, Apt. #, etc.  
27 Ste. A

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

City & State  
23 Miami, FL

City & State  
28 Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip Country  
24 33166 25 USA

Zip Country  
29 33166 30 USA

8. This corporation has liability for 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

GILBRIDGE, JAMES F.  
ONE BISCAYNE TOWER, 15TH FLOOR  
2 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 6995 NW 46 St Ste. A  
1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE DV ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 6995 NW 46 St, # A  
2.4 CITY-ST-ZIP Miami, FL 33166

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Ernesto Rodriguez, President

4/1/97

Date

(305) 436-1826

0207535

CR2E034 (9/96)