

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 28 AM 9:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 479024 (2)

1. Corporation Name

ASTRO'S SERVICE, INC.

Principal Place of Business

**8133 NW 66 ST.
MIAMI FL 33166**

Mailing Address

**8133 NW 66 ST.
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/30/1975

3a. Date of Last Report

08/04/1994

4. FEI Number

59-1634913

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Fixed Limit 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

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PRIETO, RODOLFO
920 S.W. 93RD AVE.
MIAMI FL 33166**

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

Signature typed or printed name of registered agent and last name of officer

Signature typed or printed name of registered agent and last name of officer

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

PRIETO, RODOLFO

STREET ADDRESS

920 SW 93 AVE

CITY, ST, ZIP

MIAMI FL 33174

TITLE

S

NAME

PRIETO, BLANCA

STREET ADDRESS

920 SW 93 AVE

CITY, ST, ZIP

MIAMI FL 33174

TITLE

R

NAME

PRIETO, RICHARD

STREET ADDRESS

920 SW 93 AVE

CITY, ST, ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

TITLE

11 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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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 110.07(3)(b), 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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR OFFICER OF CORPORATION

SECTION

7/24/95

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