

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:32

DOCUMENT # **480288** (0)

1. Corporation Name  
**PLYMOUTH INVESTMENTS, INC.**

Principal Place of Business <b>311 SW 27 AVE MIAMI FL 33135</b>	Mailing Address <b>311 SW 27 AVE MIAMI FL 33135</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/01/1975</b>	3a. Date of Last Report <b>04/22/1994</b>
4. FEI Number <b>59-1611130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ENCISO, ROSA MA  
311 S.W. 27TH AVE.  
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENCISO, ROSA MA.</b>	1.2 NAME	
STREET ADDRESS	<b>311 SW 27 AVE</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>MIAMI FL</b>	1.4 CITY ST ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHIARI, RICARDO</b>	2.2 NAME	
STREET ADDRESS	<b>311 SW 27 AVE</b>	2.3 STREET ADDRESS	
CITY ST ZIP	<b>MIAMI FL</b>	2.4 CITY ST ZIP	
TITLE	<b>T</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAZAR, MARTA</b>	3.2 NAME	
STREET ADDRESS	<b>311 S.W. 27TH AVE.</b>	3.3 STREET ADDRESS	
CITY ST ZIP	<b>MIAMI FL</b>	3.4 CITY ST ZIP	
TITLE	<b>AS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUXO, MARIA LUISA</b>	4.2 NAME	
STREET ADDRESS	<b>311 SW 27TH AVENUE</b>	4.3 STREET ADDRESS	
CITY ST ZIP	<b>MIAMI FL</b>	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(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. 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 as a change, or on an attachment with an address.

SIGNATURE: *Rosa Ma Enciso* **ROSA MA ENCIJO** 3/23/95 (305) 649-0442  
(SIGNATURE AND EXACT PRINTED NAME OF OFFICER OR DIRECTOR)