

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 JAN 17 PM 12:00

DOCUMENT # 550100

(2)

1. Corporation Name

HAPPY REALTY CO.

Principal Place of Business

**9960 BIRD ROAD
MIAMI FL 33165**

Mailing Address

**9960 SW 40TH ST
MIAMI FL 33165
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1977

3a. Date of Last Report
02/08/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1775409

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

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

**WAYNE, ROBERT
1225 SW 87 AVENUE
MIAMI FL 33174**

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 must be printed name of registered agent and filed if applicable)

(Signature must be printed name of registered agent and filed if applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PS
EGUSQUIZA, JULIO
10955 SW 36 ST
MIAMI FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
**PS
JULIO EGUSQUIZA
2890 SW 130 AVE
MIAMI FL 33195** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**T
EGUSQUIZA, JOHN
10955 SW 36 ST
MIAMI FL**

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
**T
JOHN EGUSQUIZA
2890 SW 130 AV
MIAMI FL 33195** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP ☐ Change ☐ Addition

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(4)(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 such officer or director, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Julio Egusquiza
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Pres.

1/8/95

553-0880
Telephone Number