

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$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 SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:18

**DOCUMENT # 587574 (5)**

1. Corporation Name  
**SASTRERIA RAMON PUG, INC.**

Principal Place of Business Mailing Address  
**5840 S.W. 8TH STREET MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/26/1978</b>   | 3a. Date of Last Report<br><b>06/20/1994</b>           |
| 4. FEI Number<br><b>59-1874498</b>   | Applied For<br><input type="checkbox"/> NOT APPLICABLE |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. This corporation has adopted either the pre-revised or 1993 Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State Apt # etc            | 26. State Apt # etc |
| 22. City & State               | 27. City & State    |
| 24. Zip                        | 29. Zip             |
| 25. Priority                   | 30. Priority        |

9. Name and Address of Current Registered Agent

**PUG, RAMON  
 5840 S.W. 8TH STREET  
 MIAMI, FL MI FL 33144**

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 \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. OFFICERS AND DIRECTORS |   |
|----------------------------|---|----------------------------|---|
| TITLE                      | <b>PD<br/>PUG, RAMON<br/>5840 S.W. 8TH STREET<br/>MIAMI FL 33144</b>        | TITLE                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 12 NAME                    |   |
| STREET ADDRESS             |   | 13 STREET ADDRESS          |   |
| CITY, ST, ZIP              |   | 14 CITY, ST, ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <b>STD<br/>PUG, JUANA MARIA<br/>5840 S.W. 8TH STREET<br/>MIAMI FL 33144</b> | 21 TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 22 NAME                    |   |
| STREET ADDRESS             |   | 23 STREET ADDRESS          |   |
| CITY, ST, ZIP              |   | 24 CITY, ST, ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |   | 31 TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 32 NAME                    |   |
| STREET ADDRESS             |   | 33 STREET ADDRESS          |   |
| CITY, ST, ZIP              |   | 34 CITY, ST, ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |   | 41 TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 42 NAME                    |   |
| STREET ADDRESS             |   | 43 STREET ADDRESS          |   |
| CITY, ST, ZIP              |   | 44 CITY, ST, ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |   | 51 TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 52 NAME                    |   |
| STREET ADDRESS             |   | 53 STREET ADDRESS          |   |
| CITY, ST, ZIP              |   | 54 CITY, ST, ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |   | 61 TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 62 NAME                    |   |
| STREET ADDRESS             |   | 63 STREET ADDRESS          |   |
| CITY, ST, ZIP              |   | 64 CITY, ST, ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that said (quantity for the exception stated in Section 110 (07)(b), Florida Statutes). I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or function empowered to make up this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an attached form, with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95 (305) 279-3474

CR2E034 (3/95)