

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**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 MAR 24 PM 1:42****DOCUMENT # 594619 (9)**

1. Corporation Name

M. SAN MIGUEL, INC.

Principal Place of Business

**255 COMMERCIAL BLVD., STE. 205
LAUDERDALE BY THE SEA FL 33308**

Mailing Address

**255 COMMERCIAL BLVD., STE. 205
LAUDERDALE BY THE SEA FL 33308**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/07/1978

3a. Date of Last Report

03/08/1994

4. FEI Number

59-1870257

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund 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

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

**SAN MIGUEL, MIGUEL
4442 SEA GRAPE DRIVE
LAUDERDALE BY THE SEA FL 33308**

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 title if applicable.

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SAN MIGUEL, MIGUEL

STREET ADDRESS

4442 SEA GRAPE DR

CITY- ST- ZIP

LAUD BY THE SEA FL

TITLE

P

NAME

SAN MIGUEL, DOLORES

STREET ADDRESS

4442 SEA GRAPE DR

CITY- ST- ZIP

LAUD BY THE SEA FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

Dolores San Miguel, President**3/20/95****305-491-7940**