

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
GOVERNOR

APPROVED
FILED

DOCUMENT # 652429 (2)
BISCAYNE CONTAINER & TRAILER REPAIRS CORP.

05/15/1995
TALLAHASSEE, FLORIDA

**9151 NW 93RD STREET
MEDLEY FL 33178
US**

**835 E. 23RD STREET
HIALEAH FL 33013-4226**

DATE OF REPORT: 05/01/1994

2. Principal Office (Mailing Address)	2a. Mailing Address	3. Date of Incorporation or Organization	3a. Date of Last Report
21. State of Incorporation	26. Filing Number	01/15/1980	05/01/1994
22. State of Principal Office	27. Certificate of Status Desired		\$8.75 Additional Fee Required
23. City of Principal Office	28. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24. City of Office	29. This corporation has liability insurance in Florida	Yes ☒ No ☐	Florida Statutes
25. City of Office	30. City of Office		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAYONA, ROBERTO 835 E. 23RD STREET HIALEAH FL 33010		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.04(1) and 607.15(6) 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 provisions of Section 607.05(6) Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD BAYONA, ROBERTO	1. NAME	
STREET ADDRESS	835 E. 23RD STREET	2. STREET ADDRESS	
CITY	HIALEAH FL	3. CITY	
STATE		4. STATE	
ZIP CODE		5. ZIP CODE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	
STATE		9. STATE	
ZIP CODE		10. ZIP CODE	
NAME		11. NAME	
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	
STATE		14. STATE	
ZIP CODE		15. ZIP CODE	
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	
STATE		19. STATE	
ZIP CODE		20. ZIP CODE	

14. I hereby certify that the information supplied with this report is verifiably accurate and that the corporation shall have the same kept on file. I am familiar with and accept the provisions of Section 607.05(6) Florida Statutes, and that my name appears on the list of officers and directors of this corporation for the year of filing this report as required by Chapter 440, Florida Statutes, and that my name appears on the list of officers and directors of this corporation for the year of filing this report as required by Chapter 440, Florida Statutes.

SIGNATURE: *[Signature]* 5/1/95 883-5401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR