

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **682642**

(4)

95 MAY -1 AM 11:55

URE INVESTMENT CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1414 W. 30TH PLACE
HIALEAH FL 33012
US

471 LAKE TREE DR
FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/15/1980** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-2088912** 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 delinquent tax under § 100.022, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALONSO, ULISES
471 LAKETREE DR
FT. LAUDERDALE FL 33326

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. Thereby accept the appointment as registered agent. I am hereby accepting and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
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STREET ADDRESS
CITY, STATE, ZIP
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STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

PTD
ALONSO, ULISES
471 LAKE TREE DRIVE
FT. LAUDERDALE FL 33326

VDS
ALONSO, GLADYS
471 LAKE TREE DRIVE
FT. LAUDERDALE FL 33326

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, STATE, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, STATE, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, STATE, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, STATE, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, STATE, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, STATE, ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 13.01(1)(b), Florida Statutes. I further certify that the information 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 financial institution organized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Book 12 or Book 13 of changes on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Ulises Alonso

4-26-95 13051384-6086