

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 812328 (3)
1. Corporation Name
EL CRISTOBAL, INC.

Principal Place of Business Mailing Address
537 BAYSHORE DR.
FT. LAUDERDALE FL 33304
C/O SMITH
537 BAYSHORE DR
FT. LAUDERDALE FL 33304
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/12/1957 3a. Date of Last Report 06/30/1994
4. FFI Number 65-0189498 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMYTH, THOMAS F.
537 BAYSHORE DRIVE
FT LAUDERDALE FL 33304

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 (not for application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TO
NAME TOMASKO, HELEN
STREET ADDRESS 20 SPRING HILL LANE
CITY, ST, ZIP BETHEL CT
TITLE PD
NAME SMYTH, THOMAS
STREET ADDRESS 537 BAYSHORE DRIVE
CITY, ST, ZIP FT LAUDERDALE, FL 00000
TITLE S
NAME DOYLE, MRS EILEEN
STREET ADDRESS 537 BAYSHORE DRIVE
CITY, ST, ZIP FT LAUDERDALE, FL 00000
TITLE VD
NAME DEBELLA, ROBERT
STREET ADDRESS 3824 KIOKA AVENUE
CITY, ST, ZIP COLUMBUS, OHIO 0
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, 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 NAMING OFFICER OR DIRECTOR

THOMAS F. SMYTH 3/30/95 302-578

(Typed Name)