

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 15 AM 11:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 828029 (9)

1. Corporation Name

BRUGAL AND CO., INC.

Principal Place of Business

**2000 N.W. 93RD AVENUE
MIAMI FL 33172**

Mailing Address

**2000 N.W. 93RD AVENUE
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/26/1972

3a. Date of Last Report

01/27/1994

4. FEI Number

59-1569951

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

**MARTINEZ-ESTEVE, RAUL J.A., PA.
901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES FL 33134**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

ARZENO, GEORGE

STREET ADDRESS

AVE. JOHN F. KENNEDY #57

CITY - ST - ZIP

SANTO DOMINGO, D.R.

TITLE

V

NAME

TAPOUNET, CARLOS

STREET ADDRESS

LOT 75, FREDERIKSTED

CITY - ST - ZIP

ST. CROIX, V.I.SLANDS

TITLE

S

NAME

NOUEL, LUIS A.

STREET ADDRESS

LOT 75, FREDERIKSTED

CITY - ST - ZIP

ST. CROIX, V.I.SLANDS

TITLE

VS

NAME

BRUGAL, FRANK

STREET ADDRESS

4841 S.W. 147 PL.

CITY - ST - ZIP

MIAMI FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK BRUGAL

Date

Signature Printed Name

1/11/95 5992990