

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F11206 (2)

1. Corporation Name

SKY HANGER CORP.



Principal Place of Business

408 PEMBROKE ROAD
HALLANDALE FL 33009
US

Mailing Address

409 PEMBROKE ROAD
HALLANDALE FL 33009
US

3. Date Incorporated or Qualified

12/12/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 409 Pembroke Road

26 409 Pembroke Road

4. FEI Number

59-2045878

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Hallandale, FL

Hallandale, FL

24 Zip

25 Country

29 Zip

30 Country

33009

USA

33009

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOTOMAYOR, FRANCISCO E.
409 PEMBROKE ROAD
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 409 Pembroke Road

84 City

Hallandale

85 Zip Code

FL 33009

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SOTOMAYOR, M HERLINDA
STREET ADDRESS 411 SW 68 BLVD
CITY- ST- ZIP PEMBROKE PINES FL

12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SOTOMAYOR, FRANCISCO E
STREET ADDRESS 411 S.W. 68 BLVD
CITY- ST- ZIP PEMBROKE PINES FL

22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME CHARRY, RODOLFO
STREET ADDRESS 181 SW 159 WAY
CITY- ST- ZIP SUNRISE FL

32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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 119.07(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: FRANCISCO E. SOTOMAYOR FEB 8-96 954-458-7591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)