SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1995.
AMOUNT DUE ON OR BEFORE 7/28/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # F23088 (6)

ANGELA ENTERPRISES INC.
8758 SW. 8TH STREET
MIAMI FLA. 33174

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified | 3a. Date of Last Report

FILING FEE $225.00 | Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number 59-2072454 | Applied For | Not Applicable

2. Mailing Address
21 8758 SW 8TH STREET
Suite, Apt. #, etc. 22
City & State 23 MIAMI FLA.
Zip 24 33174 | Country 25

2a. Principal Place of Business
26 556 E. 11 STREET
Suite, Apt. #, etc. 27
City & State 28 HIALEAH FLA.
Zip 29 33010 | Country 30

5. Certificate of Status Desired ☐ — $8.75 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 ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under F.S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CARRALERO RAFAEL
556 E. 11 STREET
HIALEAH FLA. 33010

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 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P.D.	11 TITLE	
12 NAME	CARRALERO RAFAEL	12 NAME	
13 STREET ADDRESS	556 E. 11 STREET	13 STREET ADDRESS	
14 CITY-ST-ZIP	HIALEAH FLA. 33010	14 CITY-ST-ZIP	700001484567 -057117GS -01091 -003 ****200.00 ****200.00
21 TITLE	S/D.	21 TITLE	
22 NAME	CARRALERO ANGELA	22 NAME	
23 STREET ADDRESS	556 E. 11 STREET	23 STREET ADDRESS	
24 CITY-ST-ZIP	HIALEAH FLA. 33010	24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	5/1/95 MB
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE: [signature] 5-1-95 305-212-0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #