SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $376)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F61150** **(1)**

1. Corporation Name
SAMPLE ROAD PLAZA, INC.

Principal Place of Business	Mailing Address
JOHN AGUDO 10000 STERLING ROAD, STE. #7 COOPER CITY FL 33024 US	JOHN AGUDO 10000 STERLING ROAD, STE. #7 COOPER CITY FL 33024 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1982
3a. Date of Last Report: 06/20/1994
4. FEI Number: 65-0142743 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ARMANDO MONTALVO, ESQ
1401 PONCE DE LEON BLVD #200
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: JOHN J. AGUDO
82 Street Address (P.O. Box Number is Not Acceptable): 10739 NASHVILLE DRIVE.
83
84 City: COOPER CITY FL 85 Zip Code: 33026

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: JOHN J. AGUDO — 8-5-95
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BASTERRECHEA, FERMIN	1.2 NAME	
STREET ADDRESS	3000 ISLAND BL 1204	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	STORTI, SERGIO	2.2 NAME	
STREET ADDRESS	3000 ISLAND BL 1204	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☑ Change ☐ Addition
NAME	AGUDO, JOHN J.	3.2 NAME	S AGUDO, JOHN J.
STREET ADDRESS	16650 N.E. 35TH AVE.	3.3 STREET ADDRESS	10739 NASHVILLE DR.
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP	COOPER CITY FLA 33026.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(i), 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: JOHN J. AGUDO — Sec. — 8-5-95 — 305-436.6900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0024889 CP