

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara M. Harbert
Secretary of State
Tallahassee, Florida 32399-0001
Phone: (904) 493-2000

APPROVED
AND
FILED

DOCUMENT # **F67669**

(4)

95 MAY -1 AM 9:12

O.K. FLAGLER CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address		Mailing Address		Do not write in this space	
% AMANCIO ALONSO 919 SW 24TH ROAD MIAMI FL 33129		% AMANCIO ALONSO 919 SW 24TH ROAD MIAMI FL 33129		3. Date the corporation was organized 02/08/1982	
2. Date of this report 21		2a. Mailing Address 26		3a. Date of last report 04/22/1994	
2b. Date of report 22		2c. Date of report 27		4. FIC Number 59-2178845	
2d. City & State 23		2e. City & State 28		5. Certificate of Status Expires ☐ \$8.75 Additional Fee Required	
2f. Country 24		2g. Country 29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
2h. Country 30		2i. Country 31		7. This corporation is in compliance with the provisions of the Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

ALONSO, AMANCIO
919 SW 24TH ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation, board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.03, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Principal Officer of the Corporation)

(Signature of Registered Agent or Principal Officer of the Corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	VP ACOSTA, JUAN A, JR 3250 S.W. 123RD CT. MIAMI, FL 00000	NAME	☐ Change ☐ Addition
STREET ADDRESS	DST ACOSTA, JUAN A, SR 3250 SW 123RD COURT MIAMI, FL 00000	NAME	☐ Change ☐ Addition
CITY	DP ALONSO, AMANCIO 919 S.W. 24TH ROAD MIAMI, FL 00000	NAME	☐ Change ☐ Addition
STATE		NAME	☐ Change ☐ Addition
ZIP CODE		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		NAME	☐ Change ☐ Addition
CITY		NAME	☐ Change ☐ Addition
STATE		NAME	☐ Change ☐ Addition
ZIP CODE		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated in law to be the true and correct Florida Statutes. I further certify that the information is in accordance with the annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if my name and office had been officially entered by the corporation or the registrar of the corporation. I am empowered to execute this report as required by the Florida Statutes and that my name appears on Block 12 or Block 13, as changed or new as applicable.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95