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

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F67669** **(4)**

1. Corporate Name

**O.K. FLAGLER CORPORATION**

Principal Place of Business:
**% AMANCIO ALONSO**
**919 SW 24TH ROAD**
**MIAMI FL 33129**

Mailing Address:
**% AMANCIO ALONSO**
**919 SW 24TH ROAD**
**MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

3. Date Incorporated or Qualified: **02/08/1982**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-2178845** ☐ 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 is liable for intangible tax under s. 199.032, 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
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
DATE

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

14. I hereby certify that the information supplied with this filing [illegible]

**SIGNATURE:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
DATE

0128406 CP