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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 8:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F83650

(4)

1. Corporation Name

ORTIZ SALES ENTERPRISES CORP.

Principal Place of Business

**P O BOX 490159
PO BOX 490159
KEY BISCAYNE FL 33149**

Mailing Address

**P O BOX 490159
PO BOX 490159
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/02/1982

3a. Date of Last Report

04/19/1994

4. FBI Number

59-2202529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORTIZ, JAMES A.
260 CRANDON BLVD #53
P O BOX 490159
KEY BISCAYNE FL 33149**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE SD
NAME ORTIZ, CARMEN V.
STREET ADDRESS 155 OCEAN LANE DR #W-204
CITY-ST-ZIP KEY BISCAYNE, FL 00000**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**TITLE PD
NAME ORTIZ, JAMES A.
STREET ADDRESS 155 OCEAN LANE DR #W-204
CITY-ST-ZIP KEY BISCAYNE, FL 00000**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. ORTIZ

4-12-95

(305) 361-5266

Date

Telephone Number

CLERK YF