FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G01015** **(8)**

1. Corporation Name
FUCAL, INC.

Principal Place of Business	Mailing Address
C/O STEVEN L. CANTOR, ESQUIRE [redacted]	C/O STEVEN L. CANTOR, ESQUIRE [redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1982	3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2448383	☐ 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
21 777 Brickell Avenue	26 777 Brickell Avenue
Suite, Apt. #, etc. 22 5th Floor	Suite, Apt. #, etc. 27 5th Floor
City & State 23 Miami, Florida 33131	City & State 28 Miami, Florida 33131
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CANTOR, STEVEN L., ESQUIRE
CANTOR & MORANTE, P.A.
[redacted]

777 Brickell Ave.
5th Floor
Miami, Fl 33131

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change	☐ Addition
NAME	SUCRE, ANTONIO J	12 NAME		
STREET ADDRESS	[redacted]	13 STREET ADDRESS	777 Brickell Avenue, 5th Floor	
CITY ST ZIP	[redacted]	14 CITY ST ZIP	Miami, Fl 33131	
TITLE	D	21 TITLE	☒ Change	☐ Addition
NAME	SUCRE, LEONOR M	22 NAME		
STREET ADDRESS	[redacted]	23 STREET ADDRESS	777 Brickell Avenue, 5th Floor	
CITY ST ZIP	[redacted]	24 CITY ST ZIP	Miami, Fl 33131	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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 addition.

SIGNATURE: [signature] 4-5-95 (305)374-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTONIO SUCRE, PRESIDENT

0120200 CP