

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G34920** (0)

1. Corporation Name

BLANCO DRIVING SCHOOL, INC.



Principal Place of Business

Mailing Address

**2450 SW 137TH AVE
SUITE 217
MIAMI FL 33175**

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SUITE 217
MIAMI FL 33175**

3. Date Incorporated or Qualified
04/19/1983

3a. Date of Last Report
10/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2285870

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTANEDA, NORA
11890 SW 112 AVENUE CIRCLE
MIAMI FL 33176**

81 Name

Raul Marin

82 Street Address (P.O. Box Number is Not Acceptable)

8430 N.W. 185th St.

83

84 City

Miami

FL

85 Zip Code
33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Raul Marin
(Signature typed or printed name of signing officer or director and true if applicable)

Raul Marin

1/18/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASTANEDA, NORA	
STREET ADDRESS	11890 SW 112TH CIRCLE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marin, Raul	
1.3 STREET ADDRESS	8430 N.W. 185th St.	
1.4 CITY-ST-ZIP	Miami, FL 33015	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

Raul Marin
(Signature typed or printed name of signing officer or director)

Raul Marin

1/18/96

(305) 221-3585

Date

Daytime Phone #

CR2E034 (12/95)