

**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 # G55541 (8)**

1. Corporation Name

**WILLEN SANCHEZ ASC INC**



Principal Place of Business

Mailing Address

% HENRY WILLEN SANCHEZ  
~~6060 NW 100 STREET #320~~  
HIALEAH FL 33015

% HENRY WILLEN SANCHEZ  
~~6060 NW 100 STREET #320~~  
HIALEAH FL 33015

3. Date Incorporated or Qualified

**07/29/1983**

3a. Date of Last Report

**04/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 **201 Racquet Club Rd # S-427**

26

4. FEI Number

**59-2347971**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

**S-427**

27 Suite, Apt. #, etc.

23 City & State

**Ft Ldle FL**

28 City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

24 Zip

**33326-3100**

25 Country

**US**

29 Zip

30 Country

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

**SANCHEZ, HENRY WILLEN**

~~6060 NW 100 STREET #320~~  
**HIALEAH FL 33015**

81

Name

**Sanchez, Henry Willen**

82

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

**201 Racquet Club Rd # S-427**

83

**Ft Ldle FL 33326-3100**

84

City

**Ft Ldle FL 33326-3100**

**FL**

85 Zip Code

**33326-3100**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

*Henry W. Sanchez*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, HENRY WILLEN</b>	
STREET ADDRESS	<del>6060 NW 100 STREET #320</del>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>Sanchez, Henry Willen (President)</b>	<input type="checkbox"/> DELETE
NAME	<b>201 Racquet Club Rd # S-427</b>	
STREET ADDRESS	<b>Ft Ldle FL 33326-3100</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 on an attachment with an address.

SIGNATURE: *Henry W. Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)