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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **G69228** **(6)**

FILED
'95 JAN 27 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Corporation Name
CASTILLO & CASTILLO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
181 GRAND CANAL DR P.O. BOX 430255 SO. MIAMI FL 33243	181 GRAND CANAL DR P.O. BOX 430255 SO. MIAMI FL 33243

3. Date Incorporated or Qualified: 10/04/1983
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21: 7109 S.W. 127 CT
Suite, Apt. #, etc. 22:
City & State 23: MIAMI, FLORIDA
Zip 24: 33183 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-2421567 ☐ 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

9. Name and Address of Current Registered Agent

CASTILLO, JOSE M.
181 GRAND CANAL DR.
MIAMI FL 33144

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: Manuel J. Castillo — Manuel J. Castillo V — 1-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, JESUS ALBERTO	1.2 NAME	
STREET ADDRESS	PO BOX 430255 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	CASTILLO, JR., JOSE	2.2 NAME	MANUEL J. CASTILLO
STREET ADDRESS	PO BOX 430255 N/A	2.3 STREET ADDRESS	7109 S.W. 127 CT
CITY-ST-ZIP	S. MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33183
TITLE	ST	3.1 TITLE	ST ☒ Change ☐ Addition
NAME	CASTILLO, JOSE M.	3.2 NAME	MANUEL J. CASTILLO
STREET ADDRESS	PO BOX 430255 N/A	3.3 STREET ADDRESS	7109 S.W. 127 CT.
CITY-ST-ZIP	S. MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33183
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 address.

SIGNATURE: Jose M. Castillo ST 1-23-95 305 1329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491363 FP