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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

1996

**DOCUMENT #** 

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SECRETALLY OF STATE TALLAHASSEE FLORIDA

MARCOS A. ZEQUIERA, JR., INC. Mailing Address Principal Place of Business -7100 W 20TH AVE 7100 W 20TH AVE OTF OOG **STE 806** HIALEAH FL 00016 HEALEAH FL 33016 3a. Date of Last Report 3. Date Incorporated or Qualified 04/06/1995 01/16/1984 4. FEI Number Applied For Mailing Address Principal Place of Business 5881 NW 151 Street 59-2362986 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No Zin 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name Street Address (P.O. Box Number is Not Acceptable) SALVER, PAUL 82 5881 NW 151ST ST 83 **STE 101** MIAMI LAKES FL 33014 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE PACITE. Registered Agent Septembre responded when recovering Signature, typed or printed name of registimed agent and trib if applit alter CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ■ Addition DELETE 1 1 TILE TYTLE 1.2 NAME ZEQUEIRA, MARCOS NAME 1.3 STREET ADDRESS 7100 W 20TH AVE #806 STREET ADDRESS 14 CITY - ST - ZIP HIALEAH FL CITY-ST-ZIP Change Addition DELETE 2 1 TILLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST - ZIP CITY - ST - ZiP DELETE 3 1 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS \*\*\*\*200.00 \*\*\*\*200.00 3 4 CITY - ST - ZIP CITY-ST-7IP Change Addition DELETE 4 1 TIFLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIF CITY-ST-ZIP I COCO 1 Defraque i Daditho DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIF CITY-ST-ZIP ☐ Change Addition DELE FE 6 1 THLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - ST-ZiP CITY S1-ZIP

14. Ido 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 the 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 of the corporation of the corporation of the corporation of 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 typhaged, or in any attachment with an address.

SIGNATURE:

ANALOS A. ZEQUEILA V 4/34/96