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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K15656

(7)

1. Corporation Name

ARAZOZA BROTHERS CORPORATION

Principal Place of Business

**15901 SW 242 ST
HOMESTEAD FL 33031**

Mailing Address

**15901 SW 242 ST
HOMESTEAD FL 33031**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

02/22/1988

05/01/1994

4. FET Number

65-0031332

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**

7. This corporation is not liable for any amount under § 125.022,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., etc.

Suite, Apt., etc.

22

27

City & State

City & State

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARAZOZA, ALBERTO
10818 N KENDALL DR
#R-21
MIAMI FL 33176**

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0542 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

(Signature typed in printed name of registered agent and the corporation)

(Signature typed in printed name of registered agent after completing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01	PSD
NAME	ARAZOZA, ALBERTO
STREET ADDRESS	10818 N. KENDALL DRIVE., R-21
CITY, ST, ZIP	MIAMI FL
02	VDT
NAME	ARAZOZA, EDUARDO
STREET ADDRESS	8345 SW 91 ST.
CITY, ST, ZIP	MIAMI FL
03	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
04	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
05	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
06	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

01 TITLE	☒ Change ☐ Addition
02 NAME	
03 STREET ADDRESS	9745 SW 110 Street
04 CITY, ST, ZIP	Miami, FL 33176
05 TITLE	☐ Change ☐ Addition
06 NAME	
07 STREET ADDRESS	
08 CITY, ST, ZIP	
09 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 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)(a), 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 make up the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Alberto Arazoza

Alberto Arazoza

5/1/95

246-3223