

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K25996 (5)

1. Corporation Name

LASTAYO-PADILLA AND ASSOCIATES, INC.

FILED
95 JUL 25 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
% RAFAEL PADILLA 10212 SW 1ST ST MIAMI FL 33174		% RAFAEL PADILLA 10212 SW 1ST ST MIAMI FL 33174	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21	25	65-0054781	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
22	27	☐	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	☐
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
24	29		

9. Name and Address of Current Registered Agent

PADILLA, RAFAEL
8130 HAWTHORNE AVE
MIAMI BCH. FL 33141

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

(Signature typed in printed name of registered agent and typed as follows)

(NAME Registered Agent signature required when resubmitting)

(DATE)

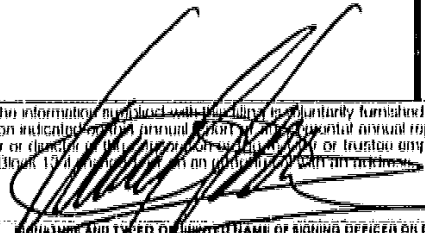
12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LASTAYO, JORGE
STREET ADDRESS	10212 SW 1ST ST
CITY ST ZIP	MIAMI FL
TITLE	VSD
NAME	PADILLA, RAFAEL
STREET ADDRESS	8130 HAWTHORNE AVE
CITY ST ZIP	MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL NAMES OF OFFICERS AND DIRECTORS

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 an officer or director of a trust or trust company, or a person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:  **7.13.95 305-4420610**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Printed)

CP2E034 (3/95)