

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K56117

(0)

1. Corporation Name

CRISTAL I INVESTMENT, INC.

FILED

95 JUL 25 AM 10: 21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
C/O JULIO GUANCHE 1397 W. 61 PL HIALEAH FL 33012		9455 COLLINS AVE. #806 SURFSIDE FL 33154 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
3. Date Incorporated or Qualified		3a. Date of Last Report	
01/06/1989		06/17/1994	
4. FBI Number		Applied For	
65-0095028		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		10. Name and Address of New Registered Agent	
GUANCHE, JULIO 9455 COLLINS AVE., #806 SURFSIDE FL 33154		81 Name GUANCHE Julio	
		82 Street Address (P.O. Box Number is Not Acceptable) 9455 COLLINS AVE #807	
		83 SURFSIDE FL	
		84 City FL	
		85 Zip Code 33154	

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]

JULIO GUANCHE PRESID.

7/18/95

12. OFFICERS AND DIRECTORS		13. AUTHORIZED EMPLOYEES TO FILE AND SIGN RETURNS	
TITLE	P	1. TITLE	P
NAME	GUANCHE, JULIO	1.2 NAME	JULIO GUANCHE
STREET ADDRESS	9455 COLLINS AVE., APARTMENT 806	1.3 STREET ADDRESS	9455 COLLINS AVE #807
CITY ST ZIP	SURFSIDE FL	1.4 CITY ST ZIP	SURFSIDE FL 33154
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	
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)(b), 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:

[Signature] as presid.
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/95

305-8684270

CR2E034 (3/95)