

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K598883

(4)

1. Corporation Name

APPALOOSA, INC.

Principal Place of Business

**% MICHAEL ORTIZ, PA
2665 S. BAYSHORE DR. #902
MIAMI FL 33133
US**

Mailing Address

**% MICHAEL ORTIZ, PA
2665 S. BAYSHORE DR. #902
MIAMI FL 33133
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0084605

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

27. City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORTIZ, MICHAEL
2665 S. BAYSHORE DR.
STE 902
MIAMI FL 33133**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	ORTIZ, MICHAEL
STREET ADDRESS	300-90 BISCAYNE BLVD, STE 2025
CITY- ST- ZIP	MIAMI FL
TITLE	S
NAME	BURNEO, CLARA
STREET ADDRESS	300-90 BISCAYNE BLVD, STE 2025
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2665 So. Bayshore Drive, Suite 902
1.4 CITY- ST- ZIP	Miami, Florida 33133
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2665 So. Bayshore Drive, Suite 902
2.4 CITY- ST- ZIP	Miami, Florida 33133
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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

MICHAEL ORTIZ, PRES. DIRECTOR 4/24/95 (305)856-7879

SIGNATURE AND TYPED OR PRINTED NAME OF NONING OFFICER OR DIRECTOR

Date

Signature Here