

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K61586

(9)

1. Corporation Name

THE COSTOYA PARTNERSHIP INC.

Principal Place of Business

% DOMINGO H. COSTOYA
8900 S.W. 117 AVENUE, SUITE B-105
MIAMI FL 33186

Mailing Address

% DOMINGO H. COSTOYA
8900 S.W. 117 AVENUE, SUITE B-105
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/27/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0100668

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.

22

City & State

23

Zip

County

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COSTOYA, DOMINGO H.
7525 N.W. 5TH ST
SUITE 103
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

COSTOYA, DOMINGO H.

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

8900 SW 117th St.

83

SUITE B 105

84 City

MIAMI

FL

85 Zip Code

33186

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 filing

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

COSTOYA, DOMINGO H.

STREET ADDRESS

1610 S.W. 92ND AVE

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

COSTOYA, FRANCISCO, JR.

STREET ADDRESS

4400 N.W. 99TH AVE

CITY - ST - ZIP

SUNRISE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(k), 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 this 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 of this report, or on an attachment with an address.

SIGNATURE:

DOMINGO H. COSTOYA

2/13/95 (305) 5984603

Date

Signature