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

PROFIT CORPORATION ANNUAL REPORT



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

1996

K61586 **DOCUMENT #** 

(9)

1. Corporation Name

THE C	OSTOYA PARTNERSHIP II	NC.	·····							
	) H. COSTOYA 117 AVENUE, SUITE B-106		% DOMINGO H. COSTOYA 8900 S.WL. 117 AVENUE. SUITE B-105							•
					3. Date Incorporated or Qualified 01/27/1989	3a. Date of Last Report 02/22/1995				
Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0100668	Applied For Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	red \$8.75 Additional				
City & State		City & State				Fee Required				
23		28			6. Election Campaign Financing Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for i	ntangible ta			_
24	25	29	30				s No			
pr	9. Name and Address of Curren	t Hegistered Agent		81	Name	10. Name and Address of New R	egistered /	Agent		-
COSTO	YA, DOMINGO H.						····			
	W 117TH ST.			82	Street Ac	ldress (P.O. Box Number is Not Acceptab	le)			
SUITE E			•	83						
MIAMIT	FL 33186		-	84	City			85 Zu	p Code	+
or registered	the provisions of Sections 607,0502 diagent, or both, in the State of Floric , and accept the obligations of, Secti	I⊿. Such change was authoriz	ed by the c	ve n corpo	amed corp rration's bo	poration submits this statement for the pur pard of directors. I hereby accept the appo	FL pose of cha pintment as	nging its r registered	egistered offici Lagent. Lanı	e
SIGNATURE	and doospt the congenions on seem	or our losses, Florida Statelles								
S	unative, typed or printed numer of registered agent.		13.	April	signature resp	red when reastatings	DATE			ୁଦ୍ର
TITLE	D OFFICERS AND	OFFICERS AND DIRECTORS  DELETE				ADDITIONS/CHANGES TO OFFI		DIRECTO  Change	DRS IN 12 Addition	CR2E034 (12/95)
NAME	COSTOYA, DOMINGO H.		1 1 TI 1 2 NA				L.	, one go		4
STREET ADDRESS	1610 S.W. 92ND AVE		1351	REFT.	ADDRESS					ြုပ္ပ
CITY-ST-ZIP	MIAMI FL				- ZIP					7
TITLE	COSTOYA, FRANCISCO, JR	DELETE		2 1 tifitê				] Change	☐ Addition	0
NAME CIOSEL ADODESC	4400 N.W. 99TH AVE	•	2.2 NA							
STREET ADDRESS CITY-ST-ZIP	SUNRISE FL				ADDRESS					
TITLE		DELETE	24 CI		- 215	····		Change	Addition	-
NAME			3 2 NA	ME	f		L.	, comment		
STREET ADDRESS			3.3 SI	TREET	ADDRESS					
CITY - ST - ZIP			3401	TY-SI	- Z1P					
THILE		☐ DELETE	4. 1 TI	TLE			1	Change	☐ Addition	
NAME			4.2 NA	Mé						
STREET ADDRESS			4.3 ST	REFT	ADDRESS					
CITY - ST - ZIP			4.4 CI1	TY-ST	- 7IP					
TITLE	DELETE		5 1 Ti	TLE			Ī	] Change	☐ Addition	1
NAME			5.2 NA	Mē	-					
STREET ADDRESS			5 3 ST	REELA	ADDRESS					
C/TY - ST - ZIP	1.4 ···	The same	5.4.01		· ZIF					
TITLE		☐ DELETE	6 1 %					] Change	Addition	
NAME			6 2 NA		1					
STREET ADDRESS					ADDRESS					
14. I do hereby	certify that the information supplied w	vith this filing is voluntarily furn	6 4 00 ished and o			y for the exemption stated in Section 119 i	07/31/L) Flor	ida Statut	toe I further	_

red of leady of a life information supplied with this iming is voluntarily formation and of 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 office or disclored 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 floor, 13 if changed, or on an attachment with an address

DOMINGO H. COSTOYA SIGNATURE:

4/2/96 (305) 598 4603