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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K71016 (5)

1. Corporation Name

F.G. MANOR INC.

Principal Place of Business
10351 SW 14 ST
MIAMI FL 33174

Mailing Address
10351 SW 14 ST
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 06/20/1994
4. FEI Number: 65-0345831 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. ☐ — $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	2a. Mailing Address
21 4230 SW 115 AVE	26 4230 SW 115 AVE
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 MIAMI FL	City & State 28 MIAMI FL.
Zip 24 33165 Country 25 DADE	Zip 29 33165 Country 30 DADE

9. Name and Address of Current Registered Agent

GOMEZ, FLORENCIO
10351 SW 14 ST
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: GOMEZ FLORENCIO
82 Street Address (P.O. Box Number is Not Acceptable): 4230 SW 115 AVE
83
84 City: MIAMI FL 85 Zip Code: 33165

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE [signature] FLORENCIO GOMEZ PRESIDENT 6-27-95

12. OFFICERS AND DIRECTORS		13.		
TITLE	P	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	GOMEZ, FLORENCIO	12 NAME	FLORENCIO GOMEZ	
STREET ADDRESS	10351 SW 14 ST	13 STREET ADDRESS	4230 SW 115 AVE	
CITY-ST-ZIP	MIAMI FL 33174	14 CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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] FLORENCIO GOMEZ 6-27-95 305(871-6400 X 370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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