

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Maxham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED

05-16-95 7:49

REC'D  
TAX REC'D  
FD

DOCUMENT # K72370

(5)

1. *Corporation Name*

OJITO'S CORP.

Previous Name if Different

C/O MARIA TERESA OJITO  
20081 NW 5TH ST  
PEMBROKE PINES FL 33029

Mailing Address

C/O MARIA TERESA OJITO  
20081 NW 5TH ST  
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quasi-Date  03/13/1989 36. Date of Last Report  08/15/1994

4. FEI Number  65-0122045 Applied For  
 Not Applicable

5. Certificate of Status Required  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. This Corporation has liability for unincorporated under § 106.030 Florida Statutes.  Yes  No

8. **Name and Address of Current Registered Agent**

OJITO, MARIA TERESA  
20081 NW 5TH ST  
PEMBROKE PINES FL 33029

9. **Name and Address of New Registered Agent**  
81. Name   
82. Street Address (P.O. Box Number is Not Acceptable)   
83.   
84. City  85. Zip Code

11. I, the undersigned, present and true, by filing Form 607 (DSS) and 607 (BLB) Florida Statutes, do above named corporation submit this statement for the purpose of amending its registered office and agent for service of process in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby give up the appointment as registered agent, until另行通知 unless the appearance of Section 607 (DSS), Florida Statutes.

12. <b>OFFICERS AND DIRECTORS</b>	13. <b>ADDITIONAL OFFICERS AND DIRECTORS</b>
D OJITO, OSWALDO 20081 N.W. 5TH ST. PEMBROKE PINES FL	13-001 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
DP OJITO, MARIA TERESA 20081 N.W. 5TH ST PEMBROKE PINES FL	13-002 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
13-003 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E	13-004 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
13-005 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E	13-006 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
13-007 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E	13-008 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
13-009 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E	13-010 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
13-011 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E	13-012 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
13-013 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E	13-014 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
13-015 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E	13-016 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
13-017 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E	13-018 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E
13-019 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E	13-020 13-NBM 13-OFFICE ADDRESS 13-A 13-B 13-C 13-D 13-E

14. I, the undersigned, state that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 131.03(3)(a), Florida Statutes. I further certify that the information reflected on the 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. I also declare in accordance for all of the purposes of the income or Franchise Tax prepared to execute the report as required by Chapter 131, Florida Statutes and that my name appears on the first page in block letters on one of the bottom lines as follows:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 905-924-2228  
4/26/95 905-981-6268

0116263 CP