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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K76350

(3)

1. Corporation Name

ATHLONE OF FLORIDA INC.



Principal Place of Business

3399 PONCE DE LEON
SUITE 104
CORAL GABLES FL 33134
US

Mailing Address

3399 PONCE DE LEON BLVD
SUITE 104
CORAL GABLES FL 33134-7281
US

3. Date Incorporated or Qualified
03/29/1989

3a. Date of Last Report
08/08/1996

2. Principal Place of Business

21 7875 NW 12th Street

Suite, Apt. #, etc.

22 Suite 104

City & State

23 Miami, Fl.

Zip

24 33126

Country

25 US

2a. Mailing Address

26 P. O. Box 145388

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, Fl.

Zip

29 33114

Country

30 US

4. FEI Number

65-0179308

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

9. Name and Address of Current Registered Agent

CALDERON-FLORES, PURA
3399 PONCE DE LEON BLVD
SUITE 104
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

7875 N.W. 12th Street

83 Suite 104

84 City

Miami

FL

85 Zip Code

33126

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME LABARTINO, VINCENZO
STREET ADDRESS 3399 PONCE DE LEON BLVD #104
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE PD
NAME MARTINEZ SERODIO, BASILIO
STREET ADDRESS 3399 PONCE DE LEON BLVD #104
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE T
NAME CALDERON-FLORES, PURA
STREET ADDRESS 3399 PONCE DE LEON BLVD #104
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 7875 N.W. 12th St. Suite 104

1.4 CITY-ST-ZIP Miami, Fl. 33126

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 7875 N.W. 12th St. Suite 104

2.4 CITY-ST-ZIP Miami, Fl. 33126

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 7875 N.W. 12th St. Suite 104

3.4 CITY-ST-ZIP Miami, Fl. 33126

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 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:

Pura Calderon Flores (Pura Calderon-Flores)

4-25-97

(305)440-9454

Date

Daytime Phone #

0180142

CR2E034 (9/96)