

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:28

DOCUMENT # K80868 (8)

1. Corporation Name

THE WOOD ROBLES COMPANY, INC.

Principal Place of Business

% ROBLES  
210 E. 60TH STREET  
HIALEAH FL 33013

Mailing Address

% ROBLES  
210 E. 60TH STREET  
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/12/1989

3a. Date of Last Report

08/15/1994

4. FEI Number

65-0228385

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 1631 NE 114TH ST #106

2a. Mailing Address

26 1631 NE 114TH ST #106

Suite, Apt. #, etc.

22 #106

Suite, Apt. #, etc.

27 #106

City & State

23 NORTH MIAMI, FL

City & State

28 NORTH MIAMI, FL

Zip

24 33181

Country

25 USA

Zip

29 33181

Country

30 USA

9. Name and Address of Current Registered Agent

ROBLES, MELQUIADES  
210 E. 60TH STREET  
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name

ROBLES MELQUIADES

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

1631 NE 114TH ST

83

SUITE 106

84

CITY NORTH MIAMI

FL

85 Zip Code 33181

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 Melques (MELQUIADES ROBLES REG. AGENT.)

3/1/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | P                  |
| NAME           | ROBLES, MELQUIADES |
| STREET ADDRESS | 210 E 60TH STREET  |
| CITY-ST-ZIP    | HIALEAH 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          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | ROBLES, MELQUIADES                                                           |
| 1.3 STREET ADDRESS | 1631 NE 114TH ST. #106                                                       |
| 1.4 CITY-ST-ZIP    | N. MIAMI, FLA. 33181                                                         |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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:

Melques MELQUIADES ROBLES

3/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)