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

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K98895** **(1)**

1. Corporation Name

**ALEX URQUIA & ASSOCIATES, INC.**

Principal Place of Business

**% ALEJANDRO URQUIA**
**11331 SW 71 LN**
**MIAMI FL 33173**

Mailing Address

**% ALEJANDRO URQUIA**
**11331 SW 71 LN**
**MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

3. Date Incorporated or Qualified: **06/29/1989**

3a. Date of Last Report: **02/01/1994**

4. FEI Number: **65-0251663** ☐ 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. 199.282, Florida Statutes ☐ Yes ☐ No

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

**URQUIA, ALEJANDRO**
**11331 SW 71 LN**
**MIAMI FL 33173**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Alejandro Urquia 5/5/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | **D** | 1 TITLE | ☐ Change ☐ Addition |
| NAME | **URQUIA, ALEJANDRO** | 1 NAME | |
| STREET ADDRESS | **11331 SW 71 LN** | 1 STREET ADDRESS | |
| CITY-ST-ZIP | **MIAMI FL** | 1 CITY-ST-ZIP | |
| TITLE | | 2 TITLE | ☐ Change ☐ Addition |
| NAME | | 2 NAME | |
| STREET ADDRESS | | 2 STREET ADDRESS | |
| CITY-ST-ZIP | | 2 CITY-ST-ZIP | |
| TITLE | | 3 TITLE | ☐ Change ☐ Addition |
| NAME | | 3 NAME | |
| STREET ADDRESS | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3 CITY-ST-ZIP | |
| TITLE | | 4 TITLE | ☐ Change ☐ Addition |
| NAME | | 4 NAME | |
| STREET ADDRESS | | 4 STREET ADDRESS | |
| CITY-ST-ZIP | | 4 CITY-ST-ZIP | |
| TITLE | | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | 5 NAME | |
| STREET ADDRESS | | 5 STREET ADDRESS | |
| CITY-ST-ZIP | | 5 CITY-ST-ZIP | |
| TITLE | | 6 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 NAME | |
| STREET ADDRESS | | 6 STREET ADDRESS | |
| CITY-ST-ZIP | | 6 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)(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:** Alejandro Urquia 5/5/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #