

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 20 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01001

(1)

1. Corporation Name

SQUARE DEAL MANAGEMENT, INC.

Principal Place of Business

**1990 N.W. 183RD STREET
SUITE 13
OPA LOCKA FL 33056**

Mailing Address

**1990 N.W. 183RD STREET
SUITE 13
OPA LOCKA FL 33056**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/11/1989	3a. Date of Last Report 07/21/1994
4. FEI Number 65-0169992	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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**BUSTILLOS BEATRIZ
1990 NW 183RD STREET
SUITE 13
OPA LOCKA FL 33056**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	BUSTILLOS, BEATRIZ	1.2 NAME	
STREET ADDRESS	1990 NW 183RD STREET #13	1.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	EFSTATHIOS, CATOGAS	2.2 NAME	
STREET ADDRESS	1990 NW 183RD STREET #13	2.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	2.4 CITY - ST - ZIP	
TITLE	DTS	3.1 TITLE	☐ Change ☐ Addition
NAME	CECILIA, MEDINA	3.2 NAME	
STREET ADDRESS	1990 NW 183RD STREET #13	3.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:

Beatriz Bustillos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BUSTILLOS BEATRIZ

4/16/95 (305)6250309
Date Expiration Period