FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:11

DOCUMENT # L02713 (0)

1. Corporation Name
CALVOCO, INC.

Principal Place of Business	Mailing Address
1505 PONCE DE LEON BLVD 1024 TERRACE BLVD. CORAL GABLES FL 33134 US	P.O. BOX 948322 ~~1024 TERRACE BLVD.~~ MAITLAND FL 32794-322 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: ~~07/18/1989~~ 6-18-89
3a. Date of Last Report: 05/27/1994

2. Principal Place of Business
21 Suite, Apt. #, etc.
22
23 City & State

2a. Mailing Address
26 P.O. Box 948322
Suite, Apt. #, etc.
27
28 City & State: MAITLAND, FL
24 Zip
25 Country
29 Zip: 32794-8322
30 Country: USA

4. FEI Number: 59-2961840 ☐ 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

CALVO, JOSE A. II
1505 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	CALVO, MIRTA	12 NAME		
STREET ADDRESS	8230 S. KIRKWOOD WAY	13 STREET ADDRESS		
CITY ST ZIP	SANDY UT	14 CITY ST ZIP		
TITLE	DC	21 TITLE		☐ Change ☐ Addition
NAME	CALVO, JOSE A.	22 NAME		
STREET ADDRESS	8230 S. KIRKWOOD WAY	23 STREET ADDRESS		
CITY ST ZIP	SANDY UT	24 CITY ST ZIP		
TITLE	~~D~~	31 TITLE	DELETE ANN CALVO	☒ Change ☐ Addition
NAME	CALVO, ANN	32 NAME		
STREET ADDRESS	~~1024 TERRACE BLVD.~~	33 STREET ADDRESS		
CITY ST ZIP	~~ORLANDO FL~~	34 CITY ST ZIP		
TITLE	DM, S, T	41 TITLE	ADD. TITLES S,T	☒ Change ☐ Addition
NAME	CALVO, JOSE A. II	42 NAME		
STREET ADDRESS	1505 PONCE DE LEON BLVD	43 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Jose A Calvo II Jose A Calvo 3-23-95 (305) 445-5550
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0416833 FP