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

APPROVED AND FILED
95 APR 17 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L38043** **(0)**

1. Corporation Name
REGU ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1850 NE 94TH AVE MIAMI FL 33172	1850 NE 94TH AVE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1989
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business 21 1850 N W 94 TH AVENUE	2a. Mailing Address 26 1850 N W 94 TH AVENUE	4. FEI Number 65-0195398	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 100	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33172 County 25 U.S.A.	Zip 29 33172 County 30 U.S.A.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VELEZ, GUILLERMO E. 1850 NW 94TH AVE MIAMI FL 33172	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	VELEZ, GUILLERMO	12 NAME	
STREET ADDRESS	1850 NW 94TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	33172
TITLE	SVD	21 TITLE	☐ Change XX Addition
NAME	AMADOR, LINDA	22 NAME	
STREET ADDRESS	10262 N.W. 5TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	33172
TITLE	TVD	31 TITLE	☐ Change XX Addition
NAME	BARBA, LUIS	32 NAME	
STREET ADDRESS	14010 LAKE CANDLEWOOD DT	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	34 CITY-ST-ZIP	33014
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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: GUILLERMO VELEZ 04-11-95 (305) 592-4121
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170424 CP