

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

DOCUMENT # L45233 (8)

1. Corporation Name
EL VASQUITO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:31

Principal Place of Business
1272 N MILITARY TR
WEST PALM BEACH FL 33409
US

Mailing Address
P O BOX 18914
WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1990		3a. Date of Last Report 01/25/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0176093		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

HERNANDEZ, LANA C.
228 ELWA PLACE
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name
HERNANDEZ LANA C.
82 Street Address (P.O. Box Number is Not Acceptable)
12790 TIMBER LINE TRAIL
83
84 City
WEST PALM BEACH FL 85 Zip Code
33414

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, JULIO H.	1.2 NAME	
STREET ADDRESS	228 ELWA PLACE	1.3 STREET ADDRESS	12790 TIMBER LINE TRAIL
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	W. P. B. FL 33414
TITLE	DVST	2.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, LANA C.	2.2 NAME	
STREET ADDRESS	228 ELWA PLACE	2.3 STREET ADDRESS	12790 TIMBER LINE TRAIL
CITY - ST - ZIP	WEST PALM BCH FL	2.4 CITY - ST - ZIP	W. P. B. FL 33414
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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: *Julio Hernandez* JULIO HERNANDEZ 1/15/95 (407) 687 9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR