

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 FEB -7 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L51877** (3)

1. Corporation Name

BURNLEY CORPORATION

Principal Place of Business

C/O HECTOR J. MIR
2655 LE JEUNE ROAD SUITE 1107
CORAL GABLES FL 33134

Mailing Address

C/O HECTOR J. MIR
2655 LE JEUNE ROAD SUITE 1107
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
02/17/1990

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

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

10. Name and Address of New Registered Agent

MIR, HECTOR J.
2655 LE JEUNE ROAD
SUITE 1107
CORAL GABLES FL 33134

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 of person authorized to register agent and fee, if applicable

(If the Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
PDS
MIR, HECTOR J.
2655 LE JEUNE RD S1107
CORAL GABLES FL

2. TITLE ☐ DELETE

NAME
T
MIR, HECTOR J.
2655 LE JEUNE RD S1107
CORAL GABLES FL

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. 2. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. 3. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. 4. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. 5. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. 6. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. 7. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. 8. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. 9. TITLE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

37. 10. TITLE

38. NAME

39. STREET ADDRESS

40. CITY - ST - ZIP

300001710113
-02/08/96--01036--006

****200.00 ****200.00

☐ Change ☐ Addition

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:

Hector J. Mir

Hector J. Mir, Pres.

1/24/96

(305) 444-0460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)