

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M05796** (1)

1. Corporation Name
WALTON & POST, INC.

Principal Place of Business
**6262 S.W. 40TH ST. STE 2D
MIAMI FL 33155**

Mailing Address
**6262 S.W. 40TH ST. STE 2D
MIAMI FL 33155-4882**



3. Date Incorporated or Qualified **09/28/1984** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **8105 NW 77st**
Suite, Apt #, etc.

2a. Mailing Address
26 **8105 NW 77st**
Suite, Apt #, etc.

4. FEI Number **59-2449820**
Applied For ☐
Not Applicable ☒

22 City & State
MIAMI FL

27 City & State
MIAMI FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip **33144** Country **USA**

28 Zip **33144** Country **USA**

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

10. Name and Address of New Registered Agent

**SUITE 2-B BIRD, INC.
6262 BIRD ROAD., SUITE 2B
MIAMI FL 33155**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8105 NW 77st
83
84 City **MIAMI** FL 85 Zip Code **33144**

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 reinstalling) DATE _____

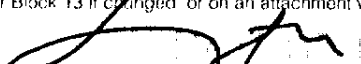
12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GARRIDO, JOSE A.	
STREET ADDRESS	6262 SW 40TH ST #2B	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	☐ DELETE
NAME	GARRIDO, JOSE A., JR.	
STREET ADDRESS	6262 SW 40TH ST #2B	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	COS, FELIPE	
STREET ADDRESS	6262 SW 40TH ST #2B	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	CUADRADO, ALFREDO	
STREET ADDRESS	6262 SW 40TH ST #2B	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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. Garrido, Jr** 1/23/97 305 5911111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)