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

DOCUMENT # **M28546** **(3)**

1. Corporation Name

BAZCUE REALTY, INC.

Principal Place of Business	Mailing Address
% ORTEGA AND COMPANY, P.A. 2307 DOUGLAS RD. SUITE 302 MAIMI FL 33145	% ORTEGA AND COMPANY, P.A. 2307 DOUGLAS RD. SUITE 302 MAIMI FL 33145

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **03/07/1986**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **59-2695810** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Trust Fund Contribution ☐ 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

SANCHEZ-GALARRAGA, JORGE
316 MINORCA AVENUE
CORAL GABLES FL 33134-4376

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 607.1503, 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, type or print name of registered agent, and title if applicable — (If the Registered Agent is a corporation, the signature must be that of an officer or director of the corporation)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	N. DE CUELLO, AIMEE	
STREET ADDRESS	2025 CACIQYE ST - OCEAN PARK	
CITY-ST-ZIP	SANTURCE P.	
TITLE	STD	☐ DELETE
NAME	POU, AIMEE	
STREET ADDRESS	9413 SW 21 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	CUELLO DE DE JUAN, MARIA MARGARIT	
STREET ADDRESS	28 FORTE ST	
CITY-ST-ZIP	SAN JUAN PR	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	600001805686 -05/02/96--01091--015 ***225.00	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Aimee N. DeCuello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____