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 # **M33825** **(4)**

1. Corporate Name

CALAFELL ENTERPRISES INC.

Principal Place of Business

3411 NW 7 STREET
MIAMI FL 33125

Mailing Address

3411 NW 7 STREET
MIAMI FL 33125

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **06/18/1986**

3a. Date of Last Report: **03/14/1995**

4. FEI Number: **59-2732424** ☐ Applied For ☐ Not Applicable

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

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

CALAFELL, MARIA R.
891 N. VENETIAN DR.
MIAMI FL 33139

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 Section 607.0502 or 617.1502, 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

12 OFFICERS AND DIRECTORS

PD
CALAFELL, MARIA R.
891 N. VENETIAN DR.
MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I declare that I have examined the above and this 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 added by attachment with an address.

SIGNATURE: X Maria Calafell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)