SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
AMOUNT DUE ON OR BEFORE 7/28/93: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

FILED
95 MAY -2 AM 7:13
FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation DOCUMENT # M35243

N.W. 43rd. Avenue Corporation
8221 SW 90th St.
Miami, Fl. 33156

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1986
3a. Date of Last Report: 09-09-94

FILING FEE $225.00 — Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 59-2693882 — Applied For ☐ Not Applicable ☐

2. Mailing Address (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Principal Place of Business (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

IZQUIERDO, GILBERTO
8221 SW 90th St.
Miami, Fl. 33156

10. Name and Address of New Registered Agent

(81) Name: PEREZ, RAMON ANTONIO
(82) Street Address (P.O. Box Number is Not Acceptable): 2203 SW 105th Ct.
(83)
(84) City: Miami FL (85) Zip Code: 33165

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE 04-11-95
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/ IZQUIERDO, GILBERTO 8221 SW 90th St. Miami, Fl. 33156	
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/ IZQUIERDO, MARIA C. 8221 SW 90th St. Miami, Fl. 33156	400001482184 -05/10/95--01023--004 ****200.00 ****200.00
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DS/ PEREZ, RAMON ANTONIO 2203 SW 105th Ct. Miami, Fl. 33165	
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D/ PEREZ, DILMA CARIDAD 2203 SW 105th Ct. Miami, Fl. 33165	
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 04-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #