## FILE NOW: FILING FEE AFTER MAY 1 IS \$2\$5.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS M41638 DOCUMENT # (1) Corporation Name JUAN CO. Principal Place of Business Mailing Address C/O JUAN MORALES C/O JUAN MORALES 1145 NW 32ND CT 1145 NW 32ND CT MIAMI FL 33125 MIAMI FL 33125 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1986 02/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0276004 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zigi Country Ζip Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name MORALES, JUAN 82 Street Address (P.O. Box Number is Not Acceptable) 1145 NW 32ND CT **MIAMI FL 33125** 83 84 City 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 familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Styricture, type of or printed manie of regulational agent and tide if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE 1 I TUTUE Change Addition MORALES, JUAN 1.2 NAME 1145 NW 32ND CT STREET ADDRESS 13 STREET ADDRESS City St-Zip MIAMI FL 1.4 CITY - \$1 - 2IP STD DELFTE 2 1 TITLE ☐ Change Addition MORALES, MARTHA 22 NAME 1145 NW 32ND CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL City-St ZiP 2 4 CITY - ST - ZIP [ ] DELETE 3 1 Hite Change ☐ Addition 32 NAME STHEET AUDRESS 3.3 STREET ADDRESS CHY ST ZIP 3.4 CITY - ST- ZIP DELETE 4.1 TITLE Change Addition 4.2 NAME STAFF L' AUDRESS 4.3 STREET ADDRESS 0114 - S1 - ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 01\* SI-7P 54 CITY-ST-ZIP DELETE 6 1 THILE ☐ Change Addition 6 2 NAME STREET ADDRESS **6.3 STREET ADDRESS** Off Y - 51 - 21P 64 CITY-ST-ZIP 14. If do hereby certly 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 arrival 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 office 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

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SIGNATURE G OFFICER OR DIRECTOR Daytime Phone #

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