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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M53460 (5)

1. Corporation Name

FULLANA CORPORATION



Principal Place of Business

C/O FRANCISCO J. FULLANA
8745 S.W. 129TH TERR
MIAMI FL 33176

Mailing Address

12901 AW 89 CT.
12901 SW 89 CT
MIAMI FL 33176
US

3. Date Incorporated or Qualified

06/08/1987

3a. Date of Last Report

06/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULLANA, FRANCISCO J.
9268 SW 166 ST
MIAMI FL 33157

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 607.1506, 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 or director (Applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
FULLANA, FRANCISCO J.
STREET ADDRESS 9268 SW 166TH ST.
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME SD
FULLANA, MARIA I.
STREET ADDRESS 9268 SW 166TH ST.
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

45

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

55

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

65

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***225.00

06-19-96 OK

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed

CR2E034 (12/95)