

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 # **M57940** (2)

1. Corporation Name

LARIOS CORPORATION



Principal Place of Business

**7929 N.W. 2ND STREET
MIAMI FL 33126**

Mailing Address

**7929 N.W. 2ND STREET
MIAMI FL 33126**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/24/1987

3a. Date of Last Report

09/29/1995

4. FEI Number

65-0031376

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

**LARIOS, QUINTIN
10340 N.W. 46TH TERRACE
MIAMI FL 33178**

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 607.1508, 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

Signature typed or printed next to or registered agent and file if applicable.

(NOTE: Registered Agent Signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LARIOS, QUINTIN	
STREET ADDRESS	10340 N.W. 46TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LARIOS, MARIA T	
STREET ADDRESS	10340 N.W. 46TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARRERAS, MARIA	
STREET ADDRESS	6201 S.W. 96TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, DELIA	
STREET ADDRESS	7296 S.W. 102ND STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALENZUELA, GONZALO JR	
STREET ADDRESS	1212 MANATI AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Maria T. Larios*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria T. Larios 2/27/96 x 266-5494
Date Daytime Phone

CR2E034 (12/95)