FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT secretary of State

o DIVISION OF CORPORATIONS * 1996 (5) **DOCUMENT #** 1. Corporation Name MIGUEL A. PADRON REAL ESTATE, INC. Mailing Address Principal Place of Business 25 3RD AVE., STOCK ISLAND 25 3RD AVE., STOCK ISLAND KEY WEST FL 33040 KEY WEST FL 33040 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1988 04/28/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0027734 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Flection Campaign Financing \$5.00 May Be City & State \Box Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032. Country Country ZuΖφ ☐ Yes ☐ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PADRON, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 82 5630 3RD AVE 83 STOCK ISLAND KEY WEST FL 33040 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 or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE Standard is recedular modern assessment be strated the little diagram at a (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELFTE 1 1 1 1 LEF TITLE CR2E034 PADRON, MICHAEL A 1.2 NAME NAME 3728 PAULA AVE. 1.3 STREET ACCOREGS STREET ADDRESS **KEY WEST FL** 14 CITY ST-ZIP CITY-ST-ZIP Addition Change DST DELETE TITLE PADRON, SARA ANN 2.2 NAME NAME 3728 PAULA AVE. 2.3 STREET ADDRESS STREET ADDRESS **KEY WEST FL** 24 C TY S1-Z-P CITY-ST-7IP ☐ Change ☐ Addition DELETE 3 1 BHIE TIFLE 3.2 NAME 3.3 STREET ACCRESS STREET ADDRESS 3.4 Cith - \$1 - 216 CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TiTLE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS **8000001854258** -06/06/96--01106--025 4.4 CI19 - S1 - ZIF DITY-ST-2IP DELETE. 5 1 TITLE TITLE 5.2 NAME ***225.00 NAME 5.3 STHEET ADDRESS STREET ADDRESS 5.4 City - ST - ZiP CITY-S1-ZIP Addition DELETE 6 1 HFtF TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 COY-ST ZIF 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Obspiter 607. Florida Statutes, and that my name

OFFICER OR DIRECTOR

oath, that I am an officer or director of the corporation appears in Block 12 or Block 13 if changed, or or an a