

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M83061** (5)

1. Corporation Name

CASTILLO DE FARNES CORP.



Principal Place of Business

Mailing Address

**479 S.W. 8 ST.
MIAMI FL 33130-2813**

**479 S.W. 8 ST.
MIAMI FL 33130-2813**

3. Date Incorporated or Qualified
05/25/1988

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0088435

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

10. Name and Address of New Registered Agent

**LIMA, HUNG CT
479 S.W. 8TH STREET
MIAMI FL 33130**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **LIMA, HUNG CT**
CITY-ST-ZIP **910 SW 12 AVE.
MIAMI FL 33130**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **LIMA, ANTONIO**
CITY-ST-ZIP **479 S.W. 8TH STREET
MIAMI FL 33130**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **LOOZ, YIN**
CITY-ST-ZIP **479 S.W. 8TH STREET
MIAMI FL 33130**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WU, KUI CLI**
CITY-ST-ZIP **479 SW 8 ST
MIAMI FL 33130**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME **PRESIDENT**
13 STREET ADDRESS **ANTONIO LIMA -**
14 CITY-ST-ZIP **479 SW 8TH STREET
MIAMI - FL - 33130**

21 TITLE ☐ Change ☐ Addition
22 NAME **TREASURER**
23 STREET ADDRESS **DOLCELLO -**
24 CITY-ST-ZIP **SDHE -**

31 TITLE ☐ Change ☐ Addition
32 NAME **SECRETARY**
33 STREET ADDRESS **LETICIA FIGUEROA**
34 CITY-ST-ZIP **961 NW - 25 COURT
MIAMI - FL - 33125**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96

856-2801

CR2E034 (3/96)