

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M83335** (3)

1. Corporation Name

ONE STOP 76, INC.



Principal Place of Business

**C/O A. F. CASTRO
9671 STATE ROAD 7
BOYNTON BEACH FL 33437**

Mailing Address

**C/O A. F. CASTRO
9671 STATE ROAD 7
BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified

06/01/1988

3a. Date of Last Report

01/24/1995

4. FEI Number

65-0055053

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

2. Principal Place of Business

21. Suffix, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suffix, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**CASTRO, A. F.
9671 STATE ROAD 7
BOYNTON BEACH FL 33437**

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

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**P
CASTRO, A.F.
9671 STATE ROAD 7
BOYNTON BEACH FL**

2. TITLE ☐ DELETE

**VST
CASTRO, CLEMENCIA DE
9671 STATE RD 7
BOYNTON BCH. FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

6. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Clemencia de Castro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Clemencia de Castro

Vice Pres.

2/10/96

(407) 732-8399

CR2E034 (12/95)