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 # **M89644** **(2)**

1. Corporation Name

F.M. 15, CORP.

Principal Place of Business	Mailing Address
C/O ELISEO J. FERRER 8390 W FLAGLER ST #208 MIAMI FL 33144	C/O ELISEO J. FERRER 8390 W FLAGLER ST #208 MIAMI FL 33144

3. Date Incorporated or Qualified: 07/14/1988
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business
21 275 Fountainblue Blvd
Suite, Apt. #, etc.
22 Suite 166
City & State
23 Miami, Florida
Zip 24 33172 Country 25 U.S.A

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27 same
City & State
28 same
Zip 29 same Country 30

4. FEI Number: 65-0074244 ☐ 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

BERRIZ, ARMANDO
8390 W FLAGLER ST #208
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: Armando Berriz
82 Street Address (P.O. Box Number is Not Acceptable): 275 Fountainblue Blvd. Suite 166
83
84 City: Miami, FL 85 Zip Code: 33172

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	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FERRER, ELISEO J.		1.2 NAME	
STREET ADDRESS	175 FOUNTAINBLUE BLVD 2E		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SENDRA, JOSE A.		2.2 NAME	SD
STREET ADDRESS	8390 W FLAGLER ST #208		2.3 STREET ADDRESS	SENDRA, JOSE A.
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	175 Fountainblue Blvd # 2-E Miami, Florida 33172
TITLE	PD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BERRIZ, ARMANDO		3.2 NAME	PD
STREET ADDRESS	8390 W FLAGLER ST #208		3.3 STREET ADDRESS	BERRIZ, ARMANDO
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	275 Fountainblue Blvd # 166 Miami, Fl. 33172
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Armando Berriz, President 2/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)