

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:21

DOCUMENT # **N27962** (2)
1. Corporation Name
SOUTH FLORIDA NVOCC & NAOCC ASSOCIATION, INC.

Principal Place of Business Mailing Address
2741 WEST 76 ST. **2741 WEST 76 ST.**
HALEAH FL 33016 **HALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/19/1988** 3a. Date of Last Report **11/14/1994**
4. FEI Number **65-0093374** Applied For ☐
Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

SANDLER, GILBERT LEE
SANDLER, TRAVIS & ROSENBERG, P.A.
5200 BLUE LAGOON DRIVE, SUITE 600
MIAMI FL 33126-9022

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 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	T	1.1 TITLE	☐ Change ☐ Addition
NAME	BLOMQUIST, BRIAN	1.2 NAME	
STREET ADDRESS	2741 W. 76TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALEAH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	DE TUYA, JORGE	2.2 NAME	
STREET ADDRESS	1351 N.W. 78TH AVENUE	2.3 STREET ADDRESS	11700 N.W. 100 Road
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MEDLEY, FL 33178
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	REED, IRENE	3.2 NAME	
STREET ADDRESS	3500 NW 114 ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	ESTRADA JOSE	4.2 NAME	PRESIDENT
STREET ADDRESS	5520 NW 35TH AVE.	4.3 STREET ADDRESS	Eduardo LOPEZ
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	5750 N.W. 32nd CT.
TITLE	P	5.1 TITLE	☒ Change ☐ Addition
NAME	LESNIK, GERALD	5.2 NAME	LESNIK, GERALD
STREET ADDRESS	2401 NW 69TH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	MIAMI FL 33147
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	PERNAS, JUAN CARLOS	6.2 NAME	
STREET ADDRESS	1351 NW 78 AVE.	6.3 STREET ADDRESS	9905 N.W. 88th AVE
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	MIAMI FL MEDLEY, FL 33178

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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian C. Blomquist* 4/1/95 305 537-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #