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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N94000003794 (4)**

1. Corporation Name

PUERTAS ABIERTAS, INC.

Principal Place of Business	Mailing Address
6565 TAFT STREET STE. 204 HOLLYWOOD FL 33024	6565 TAFT STREET STE. 204 HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:
4. FEI Number: 95-3807024 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

TRUJILLO, C M JR
9390 NW 33RD MANOR
SUNRISE FL 33351

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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: C.M. Trujillo JR. C.M. TRUJILLO JR. 5/23/95
(Typed or printed name of person signing) (Title: Registered Agent, Officer or Director required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
11 TITLE	CHAIRMAN	11 TITLE	☐ Change ☐ Addition
12 NAME	FRANCISCO ANDRADE "D"	12 NAME	
13 STREET ADDRESS	5 PHILLIPSBURG	13 STREET ADDRESS	
14 CITY ST ZIP	IRVINE, CA. 92720	14 CITY ST ZIP	
21 TITLE	SECRETARY	21 TITLE	☐ Change ☐ Addition
22 NAME	FLOYD WOODWORTH "D"	22 NAME	
23 STREET ADDRESS	941 JUNIPERO DR.	23 STREET ADDRESS	
24 CITY ST ZIP	COSTA MESA, CA 92929	24 CITY ST ZIP	
31 TITLE	TREASURER	31 TITLE	☐ Change ☐ Addition
32 NAME	DAVID HAMILTON "D"	32 NAME	
33 STREET ADDRESS	P.O. BOX 27001	33 STREET ADDRESS	
34 CITY ST ZIP	SANTA ANA, CA 92799	34 CITY ST ZIP	
41 TITLE	REGIONAL DIRECTOR	41 TITLE	☐ Change ☐ Addition
42 NAME	RICHARD LUNA "D"	42 NAME	
43 STREET ADDRESS	P.O. BOX 8156	43 STREET ADDRESS	
44 CITY ST ZIP	PEMBROKE PINES, FL 33024	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: RICHARD LUNA 5/23/95 (305) 986-2850
SIGNATURE AND TITLE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Telephone Number)

0038453