FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

3. Date Incorporated or Qualified: **08/01/1994**

3a. Date of Last Report: **07/03/1995**

2. Principal Place of Business — 21: —
Suite, Apt. #, etc. — 22: Same
City & State — 23: —
Zip — 24: — Country — 25: —

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Same
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: C.M. Trujillo — C.M. TRUJILLO JR — DATE: 1/23/96
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDRADE, FRANCISCO		1.2 NAME		
STREET ADDRESS	5 PHILLIPSBURG		1.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOODWORTH, FLOYD		2.2 NAME		
STREET ADDRESS	964 JUNIPERO DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA CA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, DAVID		3.2 NAME		
STREET ADDRESS	P. O. BOX 27001		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LUNA, RICHARD		4.2 NAME		
STREET ADDRESS	P. O. BOX 8180		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.M. Trujillo — C.M. TRUJILLO JR — 1/23/96 — 954 986-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)