## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS JUU BURRUUUN

2. Principal Place of Business  2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. FEI Number	of Last Report  07/1995  Applied For
Principal Place of Business   16480 NW 117TH AVENUE   16480 NW 117TH AVENUE   MIAMI FL 33016   3a. Date of O9/08/1994   08/1	of Last Report
16480 NW 117TH AVENUE   MIAMI FL 33016	07/1995
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Suite, Apt. #, etc. 2c. Sui	07/1995
22. Principal Place of Business 24. Mailing Address 25. Certificate of Status Desired Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. City & State 28. City & State 29. Country 20. Country 21. Zip 22. Country 25. Country 26. Election Campaign Financing Trust Fund Contribution 28. This corporation has liability for intangible tax ure Florida Statutes Yes No 29. Name and Address of Current Registered Agent  OLAZABAL, GASPAR V 16480 NW 117TH AVENUE MIAMI FL 33016  29. Mailing Address Suite, Apt. #, etc.  50. Certificate of Status Desired  City & State  Country 30. Election Campaign Financing Trust Fund Contribution  81. This corporation has liability for intangible tax ure Florida Statutes Yes No 10. Name and Address of New Registered Agent  81. Name  82. Street Address (P.O. Box Number is Not Acceptable)  83. Mailing Address  84. City  FL.	
21 Suite, Apt. #, etc.  Suite, Apt. #, etc.  22 City & State  City & State  City & State  Country  Zip  Country  25	Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Zip  Zip  Country  Zip  Zip  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  City & State  City & State  Country  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  City & State  Country  Florida Statuse  Name  Name  Country  Florida Statutes  Name  Name  Country  Florida Statutes  Name  Florida Statutes  Name  Florida Statutes  Name  Country  Florida Statutes  Name  Country  Florida Stat	8.75 Additional
27 City & State City & State 28 Zip	Fee Required
City & State  City & State  28  Zip  Zip  Country  25  29  30  Country  30  10. Name and Address of New Registered Agent  81 Name  OLAZABAL, GASPAR V 16480 NW 117TH AVENUE MIAMI FL 33016  City & State  City & State  Trust Fund Contribution  Registered Agent  10. Name and Address of New Registered Agent  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  83  MIAMI FL 33016	\$5.00 May Be
28 Zip Country Zip Country 30  28 Name and Address of Current Registered Agent  OLAZABAL, GASPAR V 16480 NW 117TH AVENUE MIAMI FL 33016  28 Country Sip Country Sip	Added to Fees
Zip Country 24 25 29 30 Fiorida Statutes Yes No 9. Name and Address of Current Registered Agent  OLAZABAL, GASPAR V 16480 NW 117TH AVENUE MIAMI FL 33016  Fiorida Statutes Yes No 10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City	nder s. 199.032,
24 25 29 30 10. Name and Address of New Registered Age 9. Name and Address of Current Registered Agent 81 Name  OLAZABAL, GASPAR V 16480 NW 117TH AVENUE MIAMI FL 33016  29 30 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	·
9. Name and Address of Current Registered Agent  81 Name  OLAZABAL, GASPAR V  16480 NW 117TH AVENUE  MIAMI FL 33016  81 Name  82 Street Address (P.O., Box Number is Not Acceptable)  83 Street Address (P.O., Box Number is Not Acceptable)	ent
OLAZABAL, GASPAR V 16480 NW 117TH AVENUE MIAMI FL 33016  84 City FL	
OLAZABAL, GASPAR V 16480 NW 117TH AVENUE MIAMI FL 33016  84 City FL	
16480 NW 117TH AVENUE  MIAMI FL 33016  84 City  FL	
MIAMI FL 33016  84 City FL	
84 City FL )	85 Zip Code
Coatings 617,0502 and 617,1508. Florida Statutes, the above named corporation submits this statement for the purpose of change	
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose or change 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, 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, 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, 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.</li> </ol>	ging its registered office igistered agent. I am
familiar with, and accept the obligations of, osser	
SIGNATURE NOTE: Registered Agent signature required when reinstating.	DIRECTORS IN 12
OFFICERS AND DIRECTORS	Change Addition
THE DO	
OLAZAPAL GASPAR V	
CINETY ANDRESS 16490 NW 117TH AVENUE	
14 CITY OF 710 ANALII EL 22016	Change Addition
TITLE VID	
COMEZ IOSE	
CIDECT ADDRESS 7931 NW 179TH STREET	
24 GIT-31-2F	Change Addition
THE DELETE STATE	
OLAZABAL GASPAR	
STREET ADDRESS 16480 NW 117TH AVENUE	
34.017-3-20 AHANI EL 22016	Change Addition
TIME TO	
NAME RODRIGUEZ, HERIBERTO	
STREET ADDRESS 1340 NW 192ND TERRACE 4.3 STREET ADDRESS 1.7 P.	

STREET ADDRESS 14. Ido 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 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 certify 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.

4 4 CITY - ST - ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE;

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MIAML FL

O TYPED ON BROTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

Addition

Addition

Change

☐ Change

CR2E037 (12/95)