FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P92000001538 (7)

DOCUMENT #
1. Corporation Name SAN AGUSTIN INVESTMENTS, INC.

Principal Place of Business		Mailing Address	Mailing Address		1 16 Bild 8: 116 (8115 th Bill 6814 6214 5214 2619 2619 2619 2110 1110 1110		
**************************************		-9000 SW 15TH ST.					
					Date Incorporated or Qualified		
				11/03/1992	03/24/1		
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 65-0383835		Applied For	
21 3361 NW 20 Steet		26 54	26 SANL			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired		75 Additional e Required	
22 MIAMI City & State		City & State	City & State		\$5.	.00 May Be	
	rida	28		Trust Fund Contribution	Ad	ded to Fees	
Zip	Country	Zip	Country	8. This corporation has fiability	intangible tax under	s 199.032,	
24 3314	25 11.5.A	29	30		es 🔲 No		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent		
			81 Name	prold CREASMA	A)		
NI INF7	RICHARD L		82 Street Add	ress (P.O. Box Number is Not Accept	able)		
	V 15 STREET			12374 SW 82	Avenue		
	L 33174 -		83				
,=0.79717 1	2 00174		84 City		85	Zio Code	
			´ X	LIAMI	FL 🕍	Zip Code 33 /5/	
11. Pursuant to	o the provisions of Seet ons 607.050	2 and 607.150% Florida Statute	s, the above named corpo	ration submits this statement for the part of departure. I hereby account the a	purpose of changing i	ts registered office	
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of Sco	rida. Such change was authorize	d by the corporation's boa	and of directors. Thereby accept the a	poointment as registe	red agent. I am	
	n, and accept the dollars of the	E Heusen	1		4/16/91	' 5	
SIGNATURE _	Signature, typod or printed nane, or registered age		F. Evojestered Agent signature respon-	ed when terostatings	NIE /		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO C	FFICERS AND DIREC	TORS IN 12	
TITLE	DPST	☐ DELETE	1 1 HILE		Chan	ge 🔲 Addition	
NAME	NUNEZ. RICHARD L		1.2 NAME	NUTEZ, RICHARD L 3361 NW 20 STRE MIAMI, P 33142	- 1		
STREET ADDRESS	-9800 SW 15 STREET		1.3 STREET ADDRESS	3361 NW 20 STRE	7		
City-St-ZiP	-MIAMI FL 33174-2928		1.4 CITY - ST - ZIP	MIAMI @ 33142	- 6903		
TITLE	VP	☐ DELETE	2 1 TITLE		☐ Chan	ge 🔲 Addition	
NAME	GROBA, JOSEFINA	_	2.2 NAME				
STREET ADDRESS	2021 SW 60 AVE		2 3 STREET ADORESS		•		
1	MIAMI FL 33155		2.4 CITY-ST-ZIP		•		
CITY-ST-ZIP TITLE	MPAMI FL 35135	[] DELFTE	3 1 HILE		☐ Chan	ge 🔲 Addition	
NAME		G ·	3.2 NAME				
			3.3 STHEET ADDRESS				
STREET ADDRESS			3.4 CITY ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	4 1 TITLE		• Chan	ige Addition	
		•••=	4.2 NAME		•		
NAME	_		4.3 STREET ADDRESS				
STREET ADDRESS							
CHTY-ST-ZIP		DELETE	4 4 CITY - ST - ZiP		Char	nge Addition	
TITLE		_ весен	5.2 NAME				
NAME			5.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP		FINGER	5.4 CITY - ST - ZIF		Char	nge	
THILE		☐ DELETE	6 1 TITLE			·9- 🗀 :	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-7IP			64 CHY - 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.

CITY-ST-ZIP

x 4-16-96 (305)559-8777

CR2E034 (12/95)