

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000001939 (7)

1. Corporation Name

MARIA ELVIRA GONZALEZ INC.



Principal Place of Business

Mailing Address

**935 WEST 49TH ST.
SUITE 107
HIALEAH FL 33012
US**

**935 WEST 49TH ST.
SUITE 107
HIALEAH FL 33012
US**

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0366474

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

10. Name and Address of New Registered Agent

**GONZALEZ, MARIA E
1170 WREN AVE
MIAMI SPRINGS FL 33166**

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 ☐ DELETE

**D
GONZALEZ, MARIA E
1170 WREN AVE
MIAMI SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
ANGULO, NORMA
1170 WREN AVE
MIAMI SPRINGS FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
ANGULO, NORMA
1170 WREN AVE
MIAMI SPRINGS FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
ANGULO, NORMA
1170 WREN AVE
MIAMI SPRINGS FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
ANGULO, NORMA
1170 WREN AVE
MIAMI SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
ANGULO, NORMA
1170 WREN AVE
MIAMI SPRINGS FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
ANGULO, NORMA
1170 WREN AVE
MIAMI SPRINGS FL**

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: *Maria E. Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96
Date

825-3924
Daytime Phone #

CR2E034 (12/95)