

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

James M. Harrison
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003752 (2)

1. Corporation Name

OTTEN RODRIGUEZ, INC.

Principal Place of Business

7381 SW 116 TERR
MIAMI FL 33156

Mailing Address

7381 SW 116 TERR
MIAMI FL 33156

(X) NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1992

36. Date of Last Report

10/05/1994

2. Principal Place of Business

21

State, Apt. # etc.

2a. Mailing Address

26

State, Apt. # etc.

4. FEI Number

65-0370511

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

X

\$5.00 May Be
Added to Fees

8. This Corporation has liability for intangible tax under s. 198.032
Florida Statutes: ☐ Yes ☒ No

24

City

25

Country

29

City

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, CARLINA
7381 SW 116 TERR
MIAMI FL 33156

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 understand the obligations of a registered agent under Section 607.0502, Florida Statutes.

SIGNATURE

Carline Rodriguez

Carline Rodriguez

4-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE	D
NAME	RODRIGUEZ, OTTEN
STREET ADDRESS	6073 SW 34TH ST
CITY, ST, ZIP	MIAMI FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	V
2. NAME	Rodriguez, Otten
3. STREET ADDRESS	6073 SW 34TH ST, 7381 SW 116 TERR.
4. CITY, ST, ZIP	MIAMI, FL
5. TITLE	D
6. NAME	Rodriguez, Carlina S.
7. STREET ADDRESS	7381 SW 116 TERR.
8. CITY, ST, ZIP	MIAMI, FL 33156
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Otten Rodriguez

Otten Rodriguez

4-25-95

(305) 235-0758

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR