

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 # P92000008976 (2)

1. Corporation Name

S.P.I., INC.



Principal Place of Business

7837 NW 72 AVE
MIAMI FL 33166
US

Mailing Address

7837 NW 72 AVE
MIAMI FL 33166
US

2. Principal Place of Business

21 10490 NW 31 Tr

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 Zip 33172

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PRADO ANTONIO JR
7837 NW 72 AVE
MIAMI FL 33166

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

05/16/1995

4. FEI Number

65-0372702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
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

84 City

PRADO ANTONIO
10490 NW 31 TR RD
MIAMI
FL

85

Zip Code

33172

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 (if applicable)

NOTE: Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PVD
STREET ADDRESS PRADO, ANTONIO J
CITY-ST-ZIP 100 BAYVIEW DR APT 714
MIAMI FL 33160

TITLE ☐ DELETE

NAME TD
STREET ADDRESS PRADO, ANTONIO S
CITY-ST-ZIP 100 BAYVIEW DR APT 714
MIAMI FL 33160

TITLE ☐ DELETE

NAME SD
STREET ADDRESS CASTILLO, FELIX
CITY-ST-ZIP 10130 NW 41 ST
MIAMI FL 33178

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/24/96 305-593-8186

CR2E034 (12/95)