

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

Mailing Address

**10490 NW 31 TR  
MIAMI FL 33172  
US**

**7837 NW 72 AVE  
MIAMI FL 33166  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/30/1992**

4. FEI Number

**65-0372702**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 7837 NW 72 Ave**

Suite, Apt. #, etc.

22 City & State

**23 MIAMI, FLORIDA**

24 Zip **FL 33166** 25 Country

26. Mailing Address

**26 7837 NW 72 Ave**

Suite, Apt. #, etc.

27 City & State

**28 MIAMI, FLORIDA**

29 Zip **FL 33166** 30 Country

9. Name and Address of Current Registered Agent

**PRADO ANTONIO  
10490 NW 31 TERRACE  
MIAMI FL 33172**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**NAME  
CASTILLO, FELIX  
STREET ADDRESS  
10130 NW 41 ST  
CITY-ST-ZIP  
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered 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 attached page with an address.

SIGNATURE:

*Antonio Prado* 4/16/98 889-3448

CR2E034 (10/97)