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CORPORATION ANNUAL REPORT



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

DOCUMENT #

P92000010038 (7)

MARIO R. TREVILLA, INC. Principal Place of Business Mailing Address 9801 SW 118TH ST. 9801 SW 118TH ST. MIAMI FL 33176 MIAMI FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1992 07/17/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0373783 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Country Zio No. Fiorida Statutes ☐ Yes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELGADO, PEDRO P Street Address (P.O. Box Number is Not Acceptable) 82 1320 S. DIXIE HWY 83 SUITE 220 CORAL GABLES FL 33146 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Ayreit signature) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.17/DE THILE CR2E034 TREVILLA, MARIO R 1.2 NAME NAME STREET ADDRESS 9801 SW 118TH ST. 1.3 STREET ADDRESS **MIAMI FL 33176** 14 C(TY+ST+2-P CITY-\$T-ZIP DELETE Change Addition 2 1 11/11 TITLE TREVILLA, AMANDA R 2.2 NAME NAME 9801 SW 118TH ST. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 24 CITY-ST ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TiME 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS DITY-ST-ZIP 34 CHY-ST-ZIP Change Add tion DELFTE 4.1311.8 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Charige Addition 5 1 Title TITLE 5.2 NAMÉ NAME 5.3 STREET ADOPESS STREET ADDRESS 5.4 C(1Y - S1 - ZIP CHTY-ST-Z:P ☐ Change Addition DELETE 6 1 TILLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

blied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. I further is annual report of suppliemental annual report is true and ancurate and that my signature shall have the same legal effect as if made under ecorporation or the receiver or trustee empowered to execute this report as required by Chipter 607, Florida Statutes, and that my name of or on an approximation of the statutes and that my name of the statutes are statutes. certify that the information indicated on the oath; that I am an officer or director of the appears in Block 12 or Block 13 if chapter

SIGNATURE:

Mario R. Trevilla/Pres 03/19/96

(12/95)