

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007081 (1)**

1. Corporation Name  
**A. SANCHEZ, INC.**

Principal Place of Business  
**416 SANTANDER AVE  
SUITE G  
CORAL GABLES FL 33134**

Mailing Address  
**416 SANTANDER AVE  
SUITE G  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/28/1993** 3a. Date of Last Report **04/14/1994**

4. FEI Number **65-0382621** 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

2. Principal Place of Business  
21 **1890 BRICKELL AVE** 2a. Mailing Address  
26 **1890 BRICKELL AVE**  
22 **#C** 27 **#C**  
23 **MIAMI FL** 28 **MIAMI FL**  
24 **33129** 25 Country 29 **33129** 30 Country

9. Name and Address of Current Registered Agent  
**SANCHEZ, ADRIANA  
416 SANTANDER AVE  
SUITE G  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1890 BRICKELL AVE**  
83 **#C**  
84 City **MIAMI** FL 85 Zip Code **33129**

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]* **ADRIANA SANCHEZ** DATE **4/12/95**

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **SANCHEZ, ADRIANA**  
STREET ADDRESS **416 SANTANDER AVE #G**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS **1890 BRICKELL AVE #C**  
14 CITY - ST - ZIP **MIAMI FL 33129**  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 with an address.

SIGNATURE: *[Signature]* **ADRIANA SANCHEZ** DATE **4/12/95** TELEPHONE NUMBER **593-4416**