FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 APR 26 AM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000013613 (3)**

1. Corporation Name
ESTRA CORPORATION

Principal Place of Business	Mailing Address
801 SNOWDEN DR. LAKE WORTH FL 33461 US	801 SNOWDEN DR. LAKE WORTH FL 33461 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1993
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business
21 514 S. FEDERAL Hwy
Suite, Apt. #, etc. 22
City & State 23 LAKE WORTH FLA
Zip 24 33461 County 25

2a. Mailing Address
26 801 SNOWDEN DR.
Suite, Apt. #, etc. 27
City & State 28 LAKE WORTH FLA
Zip 29 33461 County 30

4. FEI Number: NOT APPLICABLE — ☐ 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

9. Name and Address of Current Registered Agent

ESTRADA, SILVIO J
801 SNOWDEN DR.
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name: SILVIO ESTRADA
82 Street Address (P.O. Box Number is Not Acceptable): 801 SNOWDEN DR.
83
84 City: LAKE WORTH FL 85 Zip Code: 33461

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ESTRADA, SILVIO J	1.2 NAME		
STREET ADDRESS	514 S FEDERAL HIGHWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	ESTRADA, KARIN M	2.2 NAME		
STREET ADDRESS	514 S FEDERAL HIGHWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 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: Silvio J. Estrada — APRIL 15 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Silvio J. ESTRADA

0270443 CP