

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 # P93000013710 (7)

1. Corporation Name

PAQUITO & SONS, INC.



Principal Place of Business

275 GROVE ST  
MERRITT ISLAND FL 32953  
US

Mailing Address

PO BOX 540759  
MERRITT ISLAND FL 32954  
US

2. Principal Place of Business

21 225 Yellow Place

Suite, Apt. #, etc.

2a. Mailing Address

26 225 Yellow Place

Suite, Apt. #, etc.

City & State

22 Rockledge, FL

City & State

27 Rockledge, FL

Zip

24 32955

Country

25 USA

Zip

28 32955

Country

30 USA

9. Name and Address of Current Registered Agent

GONZALEZ, CARLOS M JR.  
4095 CROOKED MILE RD  
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified  
02/24/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-3166530

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

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's signature required when reinstating)

DATE

4/8/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GONZALEZ, CARLOS M JR.  
STREET ADDRESS 4095 CROOKED MILE RD.  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE D  
NAME GONZALEZ, PAMELA J  
STREET ADDRESS 4095 CROOKED MILE RD.  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela J. Gonzalez

Date

4/10/96 407-638-9966

Daytime Phone #

CR2E034 (12/95)