

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

.95 APR 10 PM 2:44

DOCUMENT # P93000020223 (2)

1. Corporation Name
JAVIER SUAREZ CORP.

Principal Place of Business
**1920 SE 145TH ST
SUMMERFIELD FL 34491**

Mailing Address
**1920 SE 145TH ST
SUMMERFIELD FL 34491**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/03/1993

3a. Date of Last Report
11/02/1994

2. Principal Place of Business
21 17401 SE 475 CR

Suite, Apt. #, etc.

22 City & State
27 City & State
23 Summerfield FL

24 Zip
25 Country
29 Zip
30 Country
34491

4. FEI Number
59-3167933

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

10. Name and Address of New Registered Agent

**SUAREZ, JAVIER
1920 SE 145TH ST
SUMMERFIELD FL 34491
17401 SE 475 CR
34491**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code
FL

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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, JAVIER	1.2 NAME	ARLENE SUAREZ
STREET ADDRESS	1920 SE 145TH ST 17401 SE 475 CR	1.3 STREET ADDRESS	1920 SE 145 ST 17401 SE 475 CR
CITY-ST-ZIP	SUMMERFIELD FL 34491 34491	1.4 CITY-ST-ZIP	Summerfield FL 34491
TITLE	CORDE MYRNA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDE MYRNA	2.2 NAME	
STREET ADDRESS	1920 SE 145TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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, set on an attachment with an address.

SIGNATURE JAVIER SUAREZ 4-4-95
(Name) (Signature)