

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMARA H. MORTIMER
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

SEP 1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027456 (1)

1. Corporation Name

SUAREZ INVESTMENT CORP.

Principal Place of Business
**6910 BOTTLE BRUSH DR
MIAMI LAKES FL 33014**

Mailing Address
**6910 BOTTLE BRUSH DR
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification 04/14/1993	3a. Date of Last Report 04/15/1994
4. FEI Number 65-0405266	Applied For Not Applicable
5. Certificate of Status Desired ☒ Yes ☐ No	\$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 § 199.02, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State App. No. 22	State App. No. 27
City & State 23	City & State 28
Lat 24	Long 25
Lat 29	Long 30

9. Name and Address of Current Registered Agent

**SUAREZ, RAFAEL A
6910 BOTTLE BRUSH DR
MIAMI LAKES FL 33014**

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. I, the undersigned, the president of the corporation, and the undersigned, the undersigned, hereby certify that the information supplied in this report is true and accurate and that my signature shall have the same legal effect and shall be under oath that I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 as required by an attachment with an address.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																																																																										
<table border="1"> <tr> <td>NAME</td> <td>SPST SUAREZ, RAFAEL A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6910 BOTTLE BRUSH DR</td> </tr> <tr> <td>CITY</td> <td>MIAMI LAKES FL</td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> </tr> </table>	NAME	SPST SUAREZ, RAFAEL A	STREET ADDRESS	6910 BOTTLE BRUSH DR	CITY	MIAMI LAKES FL	STATE		ZIP		DATE		NAME		STREET ADDRESS		CITY		STATE		ZIP		DATE		NAME		STREET ADDRESS		CITY		STATE		ZIP		DATE		<table border="1"> <tr> <td>NAME</td> <td></td> <td>☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td></td> <td></td> </tr> <tr> <td>STATE</td> <td></td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> <td></td> </tr> <tr> <td>DATE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td></td> <td></td> </tr> <tr> <td>STATE</td> <td></td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> <td></td> </tr> <tr> <td>DATE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td></td> <td></td> </tr> <tr> <td>STATE</td> <td></td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> <td></td> </tr> <tr> <td>DATE</td> <td></td> <td></td> </tr> </table>	NAME		☐ Change ☐ Add	STREET ADDRESS			CITY			STATE			ZIP			DATE			NAME			STREET ADDRESS			CITY			STATE			ZIP			DATE			NAME			STREET ADDRESS			CITY			STATE			ZIP			DATE		
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.02(2), Florida Statutes. I further certify that the information reported on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall be under oath that I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 as required by an attachment with an address.

SIGNATURE: *Rafael A. Suarez* (PRESIDENT) **1/09/95** (305) 823-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAFAEL A. SUAREZ