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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	Secretary of State DIVISION OF CORPORATIONS			s		
DOCUN 1. Corporation	MENT # P9300	0049786 (5)			
	PADILLA CORPORATION					
Principal Place	of Business	Mailing Address) 19 più du 10 più 10 p	JIII OBIHF CORII OLDID (914) 18081 POLKO DECLEDOS
237 PEPPERTREE DR. 237 PEPPERTREE DR. ORLANDO FL 32825 ORLANDO FL 32825						
					3. Date Incorporated or Qualified 07/15/1993	3a. Date of Last Report 08/01/1995
2. Principal Place of Business		2a, Mailing Address			4. FEI Numbor 59-3325759	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	e, Apt. #, etc.			Not Applicable \$8.75 Additional
22 27			5. Certificate of Status Desired Fee Required		1 1 1 1	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Zip Country Zip Country 29 30				This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
[-7]	g. Name and Address of Current I		201		10. Name and Address of New F	
			81 1	Name		
	, JUANITO P		82 5	Street Addres	s (P.O. Box Number is Not Acceptat	ole)
237 PEPPERTREE DR. ORLANDO FL 32825			83			
	001110000		84 (Dity		85 Zip Code
<u></u>						FL
or registers	o the provisions of Sections 607.0502 a od agent, or both, in the State of Florida n, and accept the obligations of, Section	 Such chance was authorized 	the above-nar by the corpora	ned corporat ation's board	ion submits this statement for the pu- of directors. I hereby accept the app	rpose of changing its registered office iointment as registered agent. I am
SIGNATURE .	Stynature, typed or printed name of registared agent are	ditte if applicable INOTE:	Registered Agent se	anatus, residired v	Anim reinstatinos	DATE
12.	OFFICERS AND I	DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·
THILE	Р	DELETE	1 1 TITLE			Change Addition
NAME CYUTA LABORESC	PADILLA, MARIA M 1805 E. LIVINGSTON ST.			PAY 40		
STREET ADDRESS OITY-SI-ZIP	00141100 51		13 STREET AD 14 CITY-ST-Z			
TITLE	S	☐ DELFTE	2 * TITLE			Change Addition
NAME	PADILLA, NARCISCO S		2.2 NAME			
STREET ADDRESS	1805 E. LIVINGSTON ST.	•		DRESS		
CITY-S1-ZIP	ORLANDO FL		2.4 CiTY - ST-ZIP			Change Addition
TITLE NAME	d Padilla, alberto M	DELETE	3 1 TITLE 3 2 NAME			☐ Change ☐ Addition
SIREEL ADDRESS	1805 E. LIVINGSTON ST.		3.3 STHEET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803-5520		3 4 CITY - ST - ZIP			
TITLE	DT	☐ DELETE	4 1 Tiffae			☐ Change ☐ Addition
NAME	BARBA, JUANITO		4.2 NAM€			1
STREET ADDRESS	237 PEPPERTREE DR.		4.3 STREET ADDRESS			
C-TY-ST-Z-P TITLE	ORLANDO FL	☐ DELETE	4.4 CITY - ST-2 5 1 TILLE	ZIP		Change Addition
NAME		€ OFFE IE	5 2 NAME			C change C vocation
STREET ADDRESS			5 3 STREET AD	ORESS		
CITY - ST - ZIP			5 4 CHY - S1 - A			
THE		☐ DELF1E	6 1 TITLE		ye e e e e e e e e e e e e e e e e e e	Change Addition
NAME.			6.2 NAME			
STHEFT ADDRESS			63 STREET AD	DRESS		
I down or two			E CACTUCE :	arc.		

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 it changed, or on bit attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Letter Daylore Phone F

CR2E034 (12/95)