

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROXY
CORPORATION
ANNUAL REPORT



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

APPROVED
AND
FILED

97 AUG 28 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000063546 (4)

1. Corporation Name

MANNY DAVILA, INC. **REINSTATEMENT** 96-97

Principal Place of Business

Mailing Address

100 S. PINE ISLAND RD.
130-G
PLANTATION FL 33324

P.O. BOX 17501
PLANTATION FL 33318

3. Date Incorporated or Qualified
09/13/1993

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 9737 NW 41ST S.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25 33178

Country

30 Zip

Country

4. FEI Number
APPLIED FOR

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

DAVILA, MANUEL JR.
100 S. PINE ISLAND RD., SUITE T30-G
PLANTATION FL 33324

81 Name

MANUEL DAVILA

82 Street Address (P.O. Box Number is Not Acceptable)

9737 NW 41ST SUITE 444

83 City

Miami

84 City

Miami

FL

85 Zip Code

33178

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 of Registered Agent

Manuel Davila

(NOTE: Registered Agent signature required when reinstating)

8/23/97

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PM
NAME DAVILA, MANUEL III
STREET ADDRESS 100 S. PINE ISLAND ROAD, 130-G
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE VT
NAME DAVILA, DURANN
STREET ADDRESS 100 S. PINE ISLAND ROAD, 130-G
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE CD
NAME DAVILA, MANUEL JR.
STREET ADDRESS 100 S. PINE ISLAND ROAD, 130-G
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE S
NAME DAVILA, MANUEL SR.
STREET ADDRESS 100 S. PINE ISLAND ROAD BLVD.
CITY-ST-ZIP PLANTATION FL 33325

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 617, 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

8/29/97 (201) 369 5555

Date Daytime Phone

CR2E034 (3/96)