

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064108 (2)

1. Corporation Name

SAENZ PLACE, INC.

Principal Place of Business

8775 WEST FLAGLER ST.
MIAMI FL 33174

Mailing Address

8775 WEST FLAGLER ST.
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/14/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0438285

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. 100.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 16780 OLD CUTLER ROAD

2a. Mailing Address

26 16780 OLD CUTLER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip 33157 Country

Zip 33157 Country

9. Name and Address of Current Registered Agent

ARIAS, MARIA
8775 W. FLAGLER ST.
MIAMI FL 33174

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 Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ARIAS, LUIS
STREET ADDRESS	8775 WEST FLAGLER ST.
CITY-ST-ZIP	MIAMI FL 33174
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 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 this corporation or the secretary or treasurer 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: x

LOUIS ARIAS

x 1-19-95

(305) 220-8173