

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000073661 (9)**

1. Corporation Name

STIRLING ROAD CORP.

Principal Place of Business

7440 SW 68TH ST
MIAMI FL 33143
US

Mailing Address

7440 SW 68TH ST
MIAMI FL 33143
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1993

4. FEI Number

65-0442320

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **205 E. SAN MARINO DR**

26 **205 E. SAN MARINO DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **MIAMI BEACH, FL**

27 **MIAMI BEACH, FL**

City & State

City & State

23 **33139**

25 **U.S.A.**

29 **33139**

30 **U.S.A.**

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

DEL VALLE, IGNACIO G
2333 PONCE DE LEON BLVD
STE 650
CORAL GABLES FL 33134

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 reinstating)

DATE

4/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, FRANCISCO E	1.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD #650	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, FRANCISCO J	2.2 NAME	
STREET ADDRESS	2720 CORAL WAY, 4TH FLOOR	2.3 STREET ADDRESS	6801 SW 75 Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VPSD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL, JORGE L JR	3.2 NAME	
STREET ADDRESS	2720 CORAL WAY	3.3 STREET ADDRESS	9400 SW 116TH ST.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, JORGE A	4.2 NAME	
STREET ADDRESS	7440 SW 66 ST	4.3 STREET ADDRESS	7440 SW 68 Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL, VIRGINIA	5.2 NAME	
STREET ADDRESS	9400 OLD CUTLER LANE	5.3 STREET ADDRESS	7215 S.W. 54TH CT.
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL WILSON, ELENA	6.2 NAME	
STREET ADDRESS	10740 SW 74 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:  REQUIRED

1/21/98 (305) 538-6098

CR2E034 (10/97)