

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PH 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P93000080437 (5)**

1. Corporation Name

CHANNEL ANCHORS, INC.

Principal Place of Business

1731 W 68 ST
HIALEAH FL 33014

Mailing Address

1731 W 68 ST
HIALEAH FL 33014

3. Date Incorporated or Qualified
11/15/1993

3a. Date of Last Report
05/01/1994

4. FEI Number

APPLIED FOR 650472068

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

2. Principal Place of Business

21 **9901 N.W. 80 AVE**

2a. Mailing Address

26 **9901 N.W. 80 AVE**

Suite, Apt. #, etc.

22 **3-H**

Suite, Apt. #, etc.

27 **3-H**

City & State

23 **HIALEAH/GARDEN, FL**

City & State

28 **HIALEAH/GARDEN, FL**

Zip

24 **33016**

Country

25 **USA.**

Zip

29 **33016**

Country

30 **USA.**

9. Name and Address of Current Registered Agent

**GONZALEZ, ERVIN A
100 S BISCAYNE BLVD
SUITE 900
MIAMI FL 33131**

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	D
NAME	ALVAREZ, GUSTAVO O
STREET ADDRESS	1705 W 42 ST SUITE 102
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	D
NAME	ALVAREZ, OSMEL
STREET ADDRESS	807 106TH AVE N
CITY-ST-ZIP	NAPLES FL 33963
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	D
2.3 STREET ADDRESS	ALVAREZ Osmel
2.4 CITY-ST-ZIP	4951 W 14 LANE # 206
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	HIALEAH FL 33012
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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-95 (305) 828-2209