

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000007126 (3)**

1. Corporation Name

A & P REY MOVING INC.

Principal Place of Business

Mailing Address

**1991 SW 141 Ave.
Miami, Fl 33175**

**1991 SW 141 Ave.
Miami,, Fl 33175**

3. Date Incorporated or Qualified
1/28/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0464003

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

2a. Mailing Address

21 Suite Apt #, etc

26 Suite Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ, Arturo
1991 SW 141 Ave.
Miami, Fl 33175**

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 of person or persons named as registered agent and office if applicable

(Delete) Registered Agent's signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD FERNANDEZ, Arturo**
STREET ADDRESS **1991 SW 141 Ave.**
CITY- ST- ZIP **Miami, Fl 33175**

TITLE ☐ DELETE
NAME **SD FERNANDEZ, Sonia**
STREET ADDRESS **1991 SW 141 Ave.**
CITY- ST- ZIP **Miami, Fl 33175**

TITLE ☐ DELETE
NAME **V CASTELLANOS, Jose V.**
STREET ADDRESS **1991 SW 141 Ave.**
CITY- ST- ZIP **Miami, Fl**

TITLE ☐ DELETE
NAME **ST CASTELLANOS, Milagros**
STREET ADDRESS **1991 SW 141 Ave.**
CITY- ST- ZIP **Miami, Fl**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

**500001852975
-06/06/96--01017--034
***200.00**

**S-1-96
AEP**

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

CR2E034 (12/95)