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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P94000011750 (4)

BUY EASY, INC.

Principal Place of Business

Maling Address



700 W. 53 TERRACE HIALEAH FL 33012		700 W. 53 TERRACE HIALEAH FL 33012					
					3. Date incorporated or Qualified 02/11/1994	3a. Date of Last F 04/28/1	•
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number		Applied For	
i		26 1763 W 795T		65-0567586			
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	F)		Election Campaign Financing Trust Fund Contribution)0 May Be ed to Fees
Ziρ	Country	2 ₁ p	Country		8. This corporation has liability for		199.032,
	25	29 330 14	30 1	M_		No	
	9. Name and Address of Curren	l Registered Agent	81	Name	10. Name and Address of New F	legistered Agent	
			*'				
	ZO, ANTONIO L		82	Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
	53 TERRACE H FL 33012		83				
			84	City		FL 85 Z	ip Code
or registere	the provisions of Sections 607,0502 d agent, or both, in the State of Floric i, and accept the obligations of, Secti	da. Such change was authoriz	red by the corp	named corp oralion's b	poration submits this statement for the purpard of directors. I hereby accept the app	rpose of changing its jointment as registere	registered offici diagent I am
GNATURE _	igrature, blood or printed hame of registered agent			ot saccal and part	ਹਮਾਰੇ ਅੱ ਦਾ (ਬਾਨੀਤੀਸ਼ਾਨੂੰ)	DA1E	
	OFFICE'RS AN		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TLE	VD	☐ DELETE	1 1 T TLE			Change	
AME	LORENZO, ANTONIO L		1.2 NAME				
TREET ADDRESS	700 W. 53 TERRACE		1.3 STREE	r address	1763 W 79 ST Haleoh, Fl 33014		
ITY-ST-ZIP	HIALEAH FL 33012		1.4 CHY -		Walson Fl 33014		
TLE	111111111111111111111111111111111111111	☐ DELETE	2 1 TiTLE		History 1 22/14	☐ Change	ncitibbA 🔲
AMÉ		<u></u>	2.2 NAME				
TREET ADDRESS			2 3 STREE	T ADDFESS			
ITY-ST-ZIP			2 4 CITY -	ST-ZIP			
ITLE	☐ DELETÉ		3 1 THLE			☐ Change	Addition
AME			3.2 NAME	ĺ			
TREET ADDRESS			3.3 \$196	r address			
ITY-ST-ZIP			3.4 CHTY -	ST - 71P			
TLE		☐ D€LETE	4 1 TiTLE			☐ Change	Addition
AME .			4.2 NAME				
TREET ADDRESS			4.3 STREE	T ADDRESS			
ITY-ST-ZIP			4.4.0ITY-	ST-ZIP			
ITLE		☐ DELETE	5 1 TITLE			☐ Change	Addition
AME (5.2 NAME				
STREET ADDRESS			5.3 STREE	F ADDRESS			
CITY-ST-ZIP			5.4 CKY	S ^r -7⊮			
ITLE		☐ DELETE	6 1 TITLE			☐ Change	e 🔲 Addition
IAMÉ			e 2 NAME				
STREET ADDRESS			6 3 STREE	T ADDRESS			
-		~ 1	64 CITY	ST-ZIP			
14. I do hereb certify that oath; that appears in	y certify that the information supported the information indicated on the ann I am an officer or director of the corp Block 12 or Block 13 if changed, or	with this filling is voluntarily fur ual report of supplemental and oration the receiver or trusti on a attachment with an add	mished and do inual report is t see empowered dress.	es not qual rue and acc I to execute	lfy for the exemption stated in Section 118 curate and that my signature shall have the this report as required by Chapter 607, F	3.07(3)(k), Florida Stat e same legal effect as Florida Statutes; and t	utes. I forther of made under that my name

SIGNATURE:

NTED NAME OFFICER OR DIRECTOR