SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:06

DOCUMENT # **P94000017483 (6)**

1. Corporation Name
DE LA CRUZ GALVEZ INC.

Principal Place of Business	Mailing Address
20163 N.W. 59TH PLACE MIAMI FL 33015	20163 N.W. 59TH PLACE MIAMI FL 33015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report:

2. Principal Place of Business 21 20163 N.W 59 PL.	2a. Mailing Address 26	4. FEI Number: 65-0471750	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Miami Flo.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33015 / 25 U.S.A.	Zip / Country 29 / 30	8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

DE LA CRUZ, MARCIAL
20163 N.W. 59TH PLACE
MIAMI FL 33015

10. Name and Address of New Registered Agent

61 Name: POOL
62 Street Address (P.O. Box Number is Not Acceptable):
63
64 City: FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DE LA CRUZ, MARCIAL	12 NAME	
STREET ADDRESS	20163 N.W. 59TH PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	DE LA CRUZ, CIRIACO	22 NAME	
STREET ADDRESS	20163 N.W. 59TH PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	DE LA CRUZ, JOSE D	32 NAME	
STREET ADDRESS	20163 N.W. 59TH PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ 6/5/95 Date
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: PRESIDENT OR DIRECTOR

Bus 305-626-0333
Daytime Phone # 886-1349

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