

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028121 (9)

1. Corporation Name

U.S.A LOCKSMITH KEYSHOP CORP.

Principal Place of Business

9985 N.W. 7TH ST.
MIAMI FL 33126

Mailing Address

9985 N.W. 7TH ST.
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

2. Principal Place of Business

21 10001 W FLAGLER ST.

2a. Mailing Address

26 P.O. Box 452834

4. FEI Number

65-0499654

Applied For

Not Applicable

Suite, Apt. #, etc

22 # M1310

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Miami FL

City & State

28 miami, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33174

Country

25 DADE

Zip

29 33245

Country

30 DADE

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CAJGAS, ALEJANDRO J
1000 S.W. 22ND AVE.
APT. B
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10001 W FLAGLER ST # M1310

83

84 City Miami

FL

85 Zip Code 33174

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 their addresses

Signature of Registered Agent. Signature required when transferring

Date

12. OFFICERS AND DIRECTORS

11 TITLE D
12 NAME CAJGAS, JOSE N
13 STREET ADDRESS 10001 W FLAGLER ST., M1310
14 CITY ST ZIP MIAMI FL 33174

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY ST ZIP

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (2)(b)(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 certified as an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

JOSE N. CAJGAS

DIRECTOR

425-N (301) 644-9924

Date

Signature of Agent