

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
James B. McGowan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 7:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035868 (6)

1. Corporation Name

D & L HOBBIES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report
4. FEI Number 65-0492040	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. 190 (1)(b) Florida Statute ☐ Yes ☒ No	

2. Principal Office of Corporation	2a. Mailing Address
21. Suite Apt # etc. 22. City & State	26. Suite Apt # etc. 27. City & State
23. Zip	29. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent	
AGUERO, GLADYS 9485 SUNSET DRIVE SUITE A-280 MIAMI FL 33173	

10. Name and Address of New Registered Agent	
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 Agent or Certified Officer of Registered Agent or Officer of Corporation)

(Signature of New Registered Agent or Registered Agent when name change)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	AGUERO, ELEODORO E	2. NAME	
STREET ADDRESS	2100 S.W. 127TH COURT	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33175	4. CITY, ST, ZIP	
TITLE	SD	5. TITLE	☐ Change ☐ Addition
NAME	AGUERO, ELSA L	6. NAME	
STREET ADDRESS	9440 W. FLAGLER ST., #105	7. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33174	8. CITY, ST, ZIP	
TITLE	D	9. TITLE	☐ Change ☐ Addition
NAME	STURGILLE, MICHAEL K JR.	10. NAME	
STREET ADDRESS	11215 S.W. 158TH STREET	11. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33157	12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and is true and comply for the exemption stated in Section 190.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, of this report, or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (305) 593-0560
TALLAHASSEE, FLORIDA