

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:59

DOCUMENT # **P94000039124 (0)**

DUARTE-VIERA & RODRIGUEZ, P.A.

Principal Office Address: **3211 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134**
Mailing Address: **3211 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134**

DATE OF PREVIOUS FILING: NONE

3. Date the corporation was organized: 05/24/1994	3a. Date of Last Payment
4. FEI Number: 65-0492241	Applied Fee Not Applicable
5. Certificate of Status (Domestic) ☐	\$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 enforceable law under the Florida Statutes ☒ Yes ☐ No	

2. Principal Office Address	2a. Mailing Address
21. State & Zip	26. State & Zip
22. City & State	27. City & State
23. City	28. City
24. State	29. State
25. Zip	30. Zip

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
DUARTE-VIERA, ANIBAL J 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134		<table border="1"> <tr> <td>01. Name</td> <td></td> </tr> <tr> <td>02. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>03. City</td> <td></td> </tr> <tr> <td>04. State</td> <td>FL</td> </tr> <tr> <td>05. Zip Code</td> <td></td> </tr> </table>		01. Name		02. Street Address (P.O. Box Number is Not Acceptable)		03. City		04. State	FL	05. Zip Code	
01. Name													
02. Street Address (P.O. Box Number is Not Acceptable)													
03. City													
04. State	FL												
05. Zip Code													

11. Pursuant to the provisions of sections 601.01(2) and 601.02, 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 601.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. NAME	D DUARTE-VIERA, ANIBAL J 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134	01. NAME	☐ Change ☐ Addition
02. STREET ADDRESS		02. NAME	
03. CITY		03. STREET ADDRESS	
04. STATE		04. CITY	
05. ZIP		05. STATE	
06. NAME	D RODRIGUEZ, JOSE A 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134	06. NAME	☐ Change ☐ Addition
07. STREET ADDRESS		07. NAME	
08. CITY		08. STREET ADDRESS	
09. STATE		09. CITY	
10. ZIP		10. STATE	
11. NAME		11. NAME	☐ Change ☐ Addition
12. STREET ADDRESS		12. NAME	
13. CITY		13. STREET ADDRESS	
14. STATE		14. CITY	
15. ZIP		15. STATE	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. NAME	
18. CITY		18. STREET ADDRESS	
19. STATE		19. CITY	
20. ZIP		20. STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 190.01(2)(b), Florida Statutes. I further certify that the information supplied on this report is true and accurate and that my signature shall bear the same penalties as if made under oath. That I am a resident of the State of Florida and that I am not a resident of any other state, territory, or possession of the United States, and that my name appears on the books of the Florida Department of State as an officer or director.

SIGNATURE: **JOSE A. RODRIGUEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

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

FILED CORPORATION
TARY CAPITAL REPORT
OF CORPORATION
1995



DOCUMENT # P94000039202 (4)

FOURTEEN K. INVESTMENTS II, INC.

95 MAY - 1 21

1. Principal Office Address 1187 S LANE AVE JACKSONVILLE FL 32205		2a. Mailed Address 1187 S LANE AVE JACKSONVILLE FL 32205		3. Date of Incorporation in Jurisdiction 05/16/1994		3a. Date of Last Report	
2. Principal Office Telephone	2b. Mailed Address Telephone	4. Filing Fee		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees		6. The corporation has liability for delinquency fee under S. 310.01(2) Florida Statutes ☐ Yes ☐ No	
21. State Agent Name	26. State Agent Name	59-3246234					
22. State Agent Address	27. State Agent Address						
23. State Agent Phone	28. State Agent Phone						
24. State Agent Fax	29. State Agent Fax						
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AKEL, EDWARD C ONE INDEPENDENT DR SUITE 2301 JACKSONVILLE FL 32202				81. Name 82. Street Address 83. 84. City, State, Zip FL 32202			
11. Payment of this fee is required by the corporation. The fee is not refundable. The fee is not refundable if the corporation is delinquent in the payment of this fee for the purpose of changing its registered office.							
12. OFFICERS AND DIRECTORS (List Name, Address, and Telephone Number of Each Officer and Director)							
D VESTAL, ROBERT M JR 1187 S LANE AVE JACKSONVILLE FL 32205							
D BOOTH, PATTY J 1187 S LANE AVE JACKSONVILLE FL 32205							
13. ADDITIONAL CORPORATE INFORMATION (List Name, Address, and Telephone Number of Each Officer and Director)							
14. The undersigned hereby certifies that the information supplied in this document is true and correct to the best of his or her knowledge and belief, and that the information is true and correct to the best of his or her knowledge and belief.							

SIGNATURE:

Robert Vestal
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95

904-786 8338