

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000041654 (2)

1. Corporation Name

MYRIAD ENTERPRISES INC.



Principal Place of Business

11510 S.W. 179 TERR.
MIAMI FL 33157

Mailing Address

11510 S.W. 179 TERR.
MIAMI FL 33157

2. Principal Place of Business

2a. Mailing Address

21 5844 W. 18 AVE.

26 5844 W. 18 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 HIALEAH FL.

28 HIALEAH FL.

Zip

Country

Zip

Country

24 33012

25 DADE

29 33012

30 DADE.

9. Name and Address of Current Registered Agent

PALOU, MARGARITA C
11510 S.W. 179 TERR.
MIAMI FL 33157

3. Date Incorporated or Qualified

06/03/1994

3a. Date of Last Report

06/05/1995

4. FEI Number

65-0509898

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. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

HERNANDEZ, RICARDO J.

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

5844 W. 18 AVE.

83

84 City

HIALEAH

FL

85 Zip Code

33012

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(If 011 Registered Agent signature required when registering)

3/23/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D, P
NAME HERNANDEZ, RICARDO J
STREET ADDRESS 5844 W. 18TH AVE.
CITY-ST-ZIP HIALEAH FL 33012 ☐ DELETE

TITLE D, V
NAME HERNANDEZ, BEATRIZ
STREET ADDRESS 5844 W. 18TH AVE.
CITY-ST-ZIP HIALEAH, FL. 33012 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96 (305) 823-8646

Date

Daytime Phone

CR2E034 (12/95)