

CORPORATION ANNUAL REPORT 1995

Florida E. Marston
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
MARIA ELENA OTERO, CORP.

Principal Place of Business
**334 E. 18TH STREET
HIALEAH FL 33010**

Mailing Address
**334 E. 18TH STREET
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/14/1994** 3a. Date of Last Report

2. Principal Place of Business
21 **10245 NW 9th St circle #204** 26. Mailing Address
26 **10245 NW 9th St circle #204**

4. FEI Number **65-0499723** Applied For
Not Applicable

Suite, Apt. #, etc.
22 **204** 27. Suite, Apt. #, etc.
27 **204**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 **Miami, FL** 28. City & State
28 **Miami, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 **33172 U.S.** 29. Zip Country
29 **33172 U.S.** 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

10. Name and Address of New Registered Agent

**OTERO, MARIA ELENA
334 E. 18TH STREET
HIALEAH FL 33010**

B1 Name **Otero Maria Elena**
B2 Street Address (P.O. Box Numbers Not Acceptable)
10245 NW 9th St circle
B3 **# 204**
B4 City **Miami, FL** B5 Zip Code **33172**

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 **Maria Elena Otero President**

DATE **2-11-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	OTERO, MARIA ELENA
STREET ADDRESS	334 E. 18TH STREET
CITY - ST - ZIP	HIALEAH FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Otero Maria Elena
13 STREET ADDRESS	10245 NW 9th St circle #204
14 CITY - ST - ZIP	Miami, FL 33172
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: **Maria Elena Otero**

DATE **2-11-95** (305) 229-1108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR