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FILED  
Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000044743 (0)

1. Corporation Name

SANTANA SUBS. INC.

Principal Place of Business

1132 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH FL 33411

Mailing Address

1132 ROYAL PALM BLVD.  
ROYAL PALM BEACH  
PALM BEACH FL 33411-1607  
US

3. Date Incorporated or Qualified  
06/15/1994

3a. Date of Last Report  
09/26/1996

4. FEI Number

65-0497918

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

2. Principal Place of Business

21. 33411

22. 1132 Royal P. Bch Blvd

23. Royal P. Bch Fl.

24. 33411

25. USA

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27. USA

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9. Name and Address of Current Registered Agent

RAMOS, FRANCISCA  
1132 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS              | CITY - ST - ZIP           | DELETE                   |
|-------|------------------|-----------------------------|---------------------------|--------------------------|
| D     | RAMOS, FRANCISCA | 1132 ROYAL PALM BEACH BLVD. | ROYAL PALM BEACH FL 33411 | <input type="checkbox"/> |
|       |                  |                             |                           | <input type="checkbox"/> |
|       |                  |                             |                           | <input type="checkbox"/> |
|       |                  |                             |                           | <input type="checkbox"/> |
|       |                  |                             |                           | <input type="checkbox"/> |
|       |                  |                             |                           | <input type="checkbox"/> |
|       |                  |                             |                           | <input type="checkbox"/> |
|       |                  |                             |                           | <input type="checkbox"/> |
|       |                  |                             |                           | <input type="checkbox"/> |
|       |                  |                             |                           | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
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|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 on Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0905416

CR2E034 (9/96)