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FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000045879 (1)

1. Corporation Name

SUAMY CORPORATION

Principal Place of Business

1001 NW 17 ST  
MIAMI FL 33125  
US

Mailing Address

1001 NW 17 CT  
MIAMI FL 33125  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

59-3250901

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 1001 NW 17 COURT

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami FL

27 City & State

23 33125

28 Zip

Country

Country

24 USA

29 USA

30

9. Name and Address of Current Registered Agent

SUAREZ, MILAGROS  
1893 NW 17 ST  
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name Arocho Ailin

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

1001 N.W. 17th Ct

83

84 City Miami

FL

85 Zip Code 33125

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SUARES, MILAGROS  
STREET ADDRESS 1001 NW 17TH CT  
CITY-ST-ZIP MIAMI FL 33125

TITLE VP ☒ DELETE

NAME ESPINOSA, MELVIN  
STREET ADDRESS 1001 NW 17TH CT  
CITY-ST-ZIP MIAMI FL 33125

TITLE T ☐ DELETE

NAME AROCHO, AILIN  
STREET ADDRESS 1893 NW 17 ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Arocho, Ailin  
1.3 STREET ADDRESS 1001 N.W. 17th Ct  
1.4 CITY-ST-ZIP Miami, FL 33125

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Arocho, Ailin  
2.3 STREET ADDRESS 1001 N.W. 17th Ct  
2.4 CITY-ST-ZIP Miami, FL 33125

3.1 TITLE TREASURER ☒ Change ☐ Addition

3.2 NAME Suarez, Milagros  
3.3 STREET ADDRESS 1001 N.W. 17th Ct  
3.4 CITY-ST-ZIP Miami, FL 33125

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

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\*\*\*150.00

14. I 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

CR2E034 (10/97)