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

PROFIT
 CORPORATION

 ANNUAL REPORT



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

1996

DOCUMENT # **P9400**

P94000049240 (2)

FLACA, CORPORATION

CITY - \$1 - 20

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if

TITLE

NAME

Principal Place of Business Mailing Address 1277 NW 34TH ST. 1277 N.W. 34TH ST. MIAMI FL 33142 MIAMI FL 33142 3. Date incorporated or Qualified 3a. Date of Last Report 06/30/1994 03/28/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0503879 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s 199.032, Country Country ☐ Yes ☐ No 30 Florida Statutes 24 26 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name silva. Fermin L 82 Street Address (P.O. Box Number is Not Acceptable) 1277 N.W. 34TH ST. **B3** MIAMI FL 33142 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE PSTD Change Addition 1. 1 TITLE SILVA, FERMIN L 1.2 NAME NAME 1277 N.W. 34TH ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33142 1.4 CITY - ST- ZIP 011Y - ST - 7IP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change ☐ Addition 3. 1 TITLE TITLE NAME 3.2 NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHTY - ST - ZIP Change ☐ Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 City-St-ZiP
 14. I do hereby cortify 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

6.1 TITLE

6.2 NAME

DELETE

agged, or on an attachment with an address.

☐ Addition

Change

FILED

May 05 1997 8:00am

Secretary of State