

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050740
1. Corporation Name

ONE stop Investments Corporation

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 7/7/94 3a. Date of Last Report 7/7/94

4. FEI Number 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 2a. Mailing Address
21 1408 S. Bayshore DR. 26 1408 S. Bayshore DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 1205 27 1205
City & State City & State
23 Miami FL 28 Miami FL
Zip Country Zip Country
24 33131 25 USA 29 33131 30 USA

9. Name and Address of Current Registered Agent

*DORIS PERDOMO
1408 S. Bayshore DR. #1205
MIAMI FL 33131*

10. Name and Address of New Registered Agent

81 Name N/A
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

Doris Perdomo
Signature (typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when reappointing

DATE

4/20/95

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP
1 DORIS PERDOMO 1408 S. Bayshore DR #1205 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY ST ZIP
2 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
3 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
4 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
5 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
6 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
7 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
8 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
9 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
10 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
11 N/A
TITLE NAME STREET ADDRESS CITY ST ZIP
12 N/A

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS N/A
14 CITY ST ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME N/A
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE
32 NAME
33 STREET ADDRESS N/A
34 CITY ST ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME N/A
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME N/A
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME N/A
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 the 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:

Doris Perdomo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95
Date

841-1834
Daytime Phone #