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

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P94000050308 (3)

DOCUMENT # P9400050308 (3)

1. Corporation Name
 AYALA CORPORATION

Principal Place of Business
 4306 S.W. 24TH COURT
 CAPE CORAL FL 33914

Mailing Address
 CAPE CORAL FL 33914



					3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last F 04/11/19	leport 1 95
Principal Place of Business 2a. Mailing Address				4. FEI Number 65-0560171	└ ─-∔	Applied For	
21		26			05/050171		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	5 Additional Required	
City & State City & State				6. Election Campaign Financing	\$5.C	00 May Be	
23		28			Trust Fund Contribution	☐ Adde	ed to Fees
Zip	Country	Zip		ountry	8. This corporation has liability for i	. •	; 199.032,
24	25	29	30			□No	
	9. Name and Address of Curre	nt Registered Agent		1-27	10. Name and Address of New R	egistered Agent	
A101431	OUDIOTI & A			81 Name			
	CHRISTLA A			82 Street A	Address (P.O. Box Number is Not Acceptab	le)	
	V. 24TH COURT						
CAPE CO	ORAL FL 33914			83			
				84 City		85 Z	ip Code
						FL °° <i>"</i>	, , , , , ,
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the ab	ove named co	rporation submits this statement for the pur	pose of changing its	registered office
or registere familiar with	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authorize tion 607 0505. Florida Statutes	ed by the :	corporation's	board of directors. I hereby accept the appo	as registere	a agent. I am
	in and doopt the obligations of occ						
SIGNATURE _	Signature, typed or printed name of registered agen	al and title if applicable. (NO	TE Register	ed Agent signature re	equired when reinstating)	DATE	
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFF		
TITLE	D	DELETE	1.1	TITLE	P	☐ Change	Addition
NAME	AYALA, SALVADOR	, · ·	1.2	NAME	ayaha, Virginia.		
STREET ADDRESS	5113 DEER RUN		1.3	STREET ADDRESS	418 Wirawar Brive	5 5	
CITY-ST-ZIP	IMMOKALEE FL 33934		1.4	CITY-ST-ZIP	Lakeland, Fl. 33	803	
TITLE	P	DELETE	2.1	TITLE	•	☐ Change	☐ Addition
NAME	GUYAN, CRISTLA A		2.2	NAME			
STHEET ADDRESS	4306 SW 24TH COURT		2.3	STREET ADDRESS			
CHTY-ST-ZIP	CAPE CORAL FL		24	CITY-ST-ZIP			
TITLE	VP	DELETE	3 1	TITLE		Change	Addition
NAMÉ	AYALA, HECTOR		32	NAME			
STREET ADDRESS	704 LAKE SHORE DR.		33	STREET ADDRESS			
CITY - ST - ZIP	IMMOKALEE FL		34	CITY-ST-ZIP			
TITLE		☐ DELETE	4 1	TITLE		☐ Change	☐ Add₁tion
NAME		•	4.2	NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-7IP			i i	CITY-ST-ZIP			
TITLE		☐ DELETE		1 TITLE		Change	Addition
NAME		-		NAME			
STREET ADDRESS				STREET ADDRESS			
				CITY-ST-ZIP			
CITY-ST-ZIP TITLE		□ DELETE		I TITLE		Chance	Addition
				NAME			
NAME							
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP			64	CITY-ST-ZIP		07(0)() Fig. 1-1- Or-1	

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 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 eath; 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 and typed on Printed Name of Signing OFFICER OF DIRECTOR Date Date Destruction De

CR2E034 (12/95)