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FILED  
Apr 23 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 # P94000057485 (2)

1. Corporation Name  
PROVINCIAL ENTERPRISES, INC.



Principal Place of Business

815 PONCE DE LEON BLVD  
2ND FL  
CORAL GABLES FL 33134

Mailing Address

815 PONCE DE LEON BLVD  
2ND FL  
CORAL GABLES FL 33134-3007

c/o Don Pan International

2. Principal Place of Business

21 10700 W. Flagler St.

Suite, Apt. #, etc.  
22 W. Flagler Plaza

City & State  
23 Miami FL

Zip  
24 33174

Country  
25

2a. Mailing Address

26 10700 W. Flagler St.

Suite, Apt. #, etc.  
27 W. Flagler Plaza

City & State  
28 Miami FL

Zip  
29 33174

Country  
30

3. Date Incorporated or Qualified  
08/03/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0518288

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

9. Name and Address of Current Registered Agent

MAQUROLAS, MAURICIO  
815 PONCE DE LEON BLVD  
2ND FL  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
IGNACIO MORENO c/o Don Pan

83 10700 W. Flagler St.

84 City  
Miami

FL

85 Zip Code  
33174

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 relistening)

DATE

4/16/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GORRIN, JUAN  
STREET ADDRESS 9719 COSTA DEL SOL BLVD  
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☐ DELETE

NAME GORRIN, ALVARO  
STREET ADDRESS 9719 COSTA DEL SOL BLVD  
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☐ DELETE

NAME MORENO, IGNACIO  
STREET ADDRESS 7622 SW 129TH PL  
CITY-ST-ZIP MIAMI FL 33186

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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

SIGNATURE

(305) 220-6448

CR2E034 (9/96)