

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

•PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000076747 (2)

1. Corporation Name  
M. PLACER, INC.

FILED

97 JAN -7 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

7215 MIAMI LAKES DR.  
#A-18  
MIAMI LAKES FL 33014

Mailing Address

P.O. BOX 5472  
MIAMI LAKES FL 33014-1472  
US

2. Principal Place of Business

21 1300 W 84 St

State, Apt. #, etc.

22

City & State

23 Hialeah FL

Zip

24 33014

Country

25 USA

2a. Mailing Address

26 P.O. Box 5472

State, Apt. #, etc.

27

City & State

28 Miami Lakes FL

Zip

29 33014

Country

30 USA

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0529664

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

RENATE, ANDRES  
7215 MIAMI LAKES DR.  
#A-18  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

LLORELY BOUZA

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

1300 W 84 St

83

84 City

Hialeah

FL

85 Zip Code

33014

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

Llorelly Bouza

JAN 4/96

Signature type to print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

President

12 NAME

Bouza, Llorelly

13 STREET ADDRESS

1300 W 84 St

14 CITY - ST - ZIP

Hialeah FL 33014

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☒ Change

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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

LLORELY BOUZA  
PRESIDENT

JAN 4/96

(305) 825-5664

Signature and Title or Printed Name of Signing Officer or Director

Daytime Phone #

CR2E034 (9/96)