FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000079335 (3)**

1. Corporation Name

E.F. PRIETO SERVICES, INC.

Principal Place of Business	Mailing Address
1533 SW 119TH AVE PEMBROKE PINES FL 33025	1533 SW 119TH AVE PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business
21: 1181 N.W. 162 AVENUE
22: Suite, Apt. #, etc.
23: City & State: PEMBROKE PINES, FL.
24: Zip: 33028-1229
25: Country: U.S.A

2a. Mailing Address
26: 1181 N.W. 162 AVENUE
27: Suite, Apt. #, etc.
28: City & State: PEMBROKE PINES, FL.
29: Zip: 33028-1229
30: Country: U.S.A

4. FEI Number: 65-0533135 ☐ 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

JOSEPH S LANIA CPA PA
~~8982 TAFT ST~~ 8982 TAFT STREET
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8982 TAFT STREET
83
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PRIETO, ENRIQUE F		1.2 NAME		
STREET ADDRESS	~~1533 SW 119TH AVE~~		1.3 STREET ADDRESS	1181 N.W. 162 AVENUE	
CITY-ST-ZIP	~~PEMBROKE PINES FL 33025~~		1.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33028-1229	
TITLE	DVS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PRIETO, YISEL M		2.2 NAME		
STREET ADDRESS	~~1533 SW 119TH AVE~~		2.3 STREET ADDRESS	1181 N.W. 162 AVENUE	
CITY-ST-ZIP	~~PEMBROKE PINES FL 33025~~		2.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33028-1229	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: _____ ENRIQUE F. PRIETO, PRESIDENT 04/12/96 (954)435-7037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #