## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE 1997 JUL 29 PH 4: 02 CORPORATION Sandra B. Mortham **ANNUAL REPORT** SECRETARY OF STATE TALLAHASSEE, FLORIDA Secretary of State 1997 DIVISION OF CORPORATIONS P94000081673 (3) DOCUMENT # ELIZABETH BALAGUER, P.A. Principal Place of Business Mailing Address 205 E. CENTRAL BLVD. 205 E. CENTRAL BLVD. SUITE 303 SUITE 303 DO NOT WRITE IN THIS SPACE ORLANDO FL 32801 ORLANDO FL 32801 3a. Date of Last Report 3. Date Incorporated or Qualified 11/03/1994 06/18/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For MOUNT VERNONST Z307 MOUNT VERWON ST 2307 26 59-3279785 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired DRLANDU ORLANDO Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be 32803 ORMGE ORANGE 23 Trust Fund Contribution Added to Fees <u> 328**0**3</u> Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BALAGUER, ELIZABETH EUZABOTA BALAGUER 205 E. CENTRAL BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 303 MOUNT VERNON 2.307 83 ORLANDO FL 32801 84 City Zip Code OPLANDU FI 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. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 DELETE Change TITLE 1.1 TITLE Addition BALAGUER, ELIZABETH EUZABETG NAME 1.2 NAME BACAG VOR 2307 MOUNT 57 205 E. CENTRAL BLVD., SUITE 303 VERNON 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 32803 ORLANDO CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 600002258386--2 NAME 2.2 NAME -08/05/97--01090--010 STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*<u>165.00</u> \*\*\*\*165.00 CITY-ST-ZIP 2.4 CiTY-ST-ZiP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

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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, grown an attachment with an address.

CITY-ST-ZIP

APPROVED



Elizabeth Balaguer, P.A. Attorney At Law

2307 Mt. Vernon &treet Orlando, Florida 32803. Tel. (407) 894-2116 • Fax (407) 894-2238

July 23, 1997

Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee FL 32302-1500

RE: Annual Filing Fee

Dear Sir:

Per a telephone conversation with a representative of the Department of State in which I inquired as to why my report and check of \$165.00 was never received or cleared and I am now being charged with a late charge fee, I am now sending another check in the amount of \$165.00 as instructed by your representative. I will inform the bank to stop payment of the first check I sent to your offices. I thank you for the attention taken in this matter.

CC.

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee FL 32314