

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
DIVISION OF CORPORATIONS

FILED
85 APR -3 PM 1:15
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000082616 (1)

1. Corporation Name

BRICK ROAD INVESTMENTS CORP.

Principal Place of Business

**18524 NW 67TH AVENUE STE. 314
HIALEAH FL 33015**

Mailing Address

**18524 NW 67TH AVENUE STE. 314
HIALEAH FL 33015**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

4. FEI Number

☒ 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

**MONTERO, JUAN C
18524 NW 67TH AVENUE STE. 314
HIALEAH FL 33015**

10. Name and Address of New Registered Agent

81 **ANGEL PEREZ**

82 **18524 N.W. 67th Avenue**

83 **Suite 314**

84 **Hialeah**

33015

FL

85

Zip Code

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 constituting)

DATE

Angel L. Perez

12. OFFICERS AND DIRECTORS

TITLE **PSID**
NAME **MONTERO, JUAN C**
STREET ADDRESS **18524 NW 67TH AVENUE STE. 314**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. P/T/S/D'S/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 **1 TITLE** **Change** ☐ Addition
2 **NAME**
3 **STREET ADDRESS**
4 **CITY-ST-ZIP**
ANGEL PEREZ
18524 N.W. 67th Avenue, Suite 314
Hialeah, Florida 33015

21 **TITLE** ☐ Change ☐ Addition
22 **NAME**
23 **STREET ADDRESS**
24 **CITY-ST-ZIP**

31 **TITLE** ☐ Change ☐ Addition
32 **NAME**
33 **STREET ADDRESS**
34 **CITY-ST-ZIP**
500001448775
-04/06/95--01016--024
*******200.00 *****200.00**

41 **TITLE** ☐ Change ☐ Addition
42 **NAME**
43 **STREET ADDRESS**
44 **CITY-ST-ZIP**
500001448775
-04/06/95--01016--025
*******8.75 *****8.75**

51 **TITLE** ☐ Change ☐ Addition
52 **NAME**
53 **STREET ADDRESS**
54 **CITY-ST-ZIP**

61 **TITLE** ☐ Change ☐ Addition
62 **NAME**
63 **STREET ADDRESS**
64 **CITY-ST-ZIP**

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 110.07(3)(d), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel L. Perez