FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084616 (9)**

1. Corporation Name

PEZCO II, INC.

Principal Place of Business	Mailing Address
9501 SW 94TH STREET MIAMI FL 33176	9501 SW 94TH STREET MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1994

3a. Date of Last Report: N/A

2. Principal Place of Business
21: 5789 NW 7 St
22 Suite, Apt. #, etc:
23 City & State: Miami, FL
24 Zip: 33126
25 County: U.S.A.

2a. Mailing Address
26: 5789 N.W. 7 St
27 Suite, Apt. #, etc:
28 City & State: Miami, FL
29 Zip: 33126
30 County: U.S.A.

4. FEI Number: 65-0531027 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLANCO, SYLVIA M
9501 SW 94TH STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: 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: (A.R.A. Signature) (R.A. Signature) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☐ Change ☐ Addition
2 NAME	BLANCO, CARLOS R	2 NAME	
3 STREET ADDRESS	9501 SW 94TH STREET	3 STREET ADDRESS	
4 CITY ST ZIP	MIAMI FL 33176	4 CITY ST ZIP	
5 TITLE	D	5 TITLE	☐ Change ☐ Addition
6 NAME	BLANCO, SYLVIA M	6 NAME	
7 STREET ADDRESS	9501 SW 94TH STREET	7 STREET ADDRESS	
8 CITY ST ZIP	MIAMI FL 33176	8 CITY ST ZIP	
9 TITLE	D	9 TITLE	☐ Change ☐ Addition
10 NAME	LOPEZ, JOSE L	10 NAME	
11 STREET ADDRESS	6640 LAKE BLUE DRIVE	11 STREET ADDRESS	
12 CITY ST ZIP	MIAMI LAKES FL 33014	12 CITY ST ZIP	
13 TITLE	D	13 TITLE	☐ Change ☐ Addition
14 NAME	LOPEZ, ANA L	14 NAME	
15 STREET ADDRESS	6640 LAKE BLUE DRIVE	15 STREET ADDRESS	
16 CITY ST ZIP	MIAMI LAKES FL 33014	16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 above, if changed, or on an attachment with an address.

SIGNATURE: Carlos Blanco / Carlos Blanco 4/20/95 305-261-0839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0102662 CP