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 MAR 22 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091065 (0)**

1. Corporate Name
EL TRONCO Y, INC.

Principal Place of Business
~~[illegible] WEST [illegible] STREET~~
HIALEAH FL 33012

Mailing Address
~~[illegible] WEST [illegible] STREET~~
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26 1125 W. 29 Street

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28 Hialeah, Florida

Zip / Country
24 / 25

Zip / Country
29 33012 / 30 Dade

4. FEI Number: 65-0552531

Applied For

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 ch. 199, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CORDERO, ANA D.~~
~~2901 PONCE DE LEON BLVD.~~
~~SUITE 810~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: ZORAIDA BRITO-MIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 1240 WEST, 61TH PL.
83
84 City: HIALEAH, FL FL 85 Zip Code: 33012

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: ZORAIDA BRITO-MIGUEZ — Zoraida Brito-Miguez — 3/11/95
Signature of new registered agent — Signature of registered agent — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	President	71 TITLE ☐ Change ☐ Add
NAME	Mario G. Brito	72 NAME
STREET ADDRESS	1240 W. 61 Place	73 STREET ADDRESS
CITY-ST-ZIP	Hialeah, Florida 33012	74 CITY-ST-ZIP
TITLE	V. President	71 TITLE ☐ Change ☐ Add
NAME	Reynaldo Sanchez	72 NAME
STREET ADDRESS	1101 W. 29 Street	73 STREET ADDRESS
CITY-ST-ZIP	Hialeah, Florida 33012	74 CITY-ST-ZIP
TITLE	Secretary	71 TITLE ☐ Change ☐ Add
NAME	Zoraida Brito	72 NAME
STREET ADDRESS	1240 W. 61 Place	73 STREET ADDRESS
CITY-ST-ZIP		74 CITY-ST-ZIP
TITLE	Treasurer	61 TITLE ☐ Change ☐ Add
NAME	Alcide Pacheco	62 NAME
STREET ADDRESS	865 W. 74 Street Apt 110	63 STREET ADDRESS
CITY-ST-ZIP	Hialeah, Florida 33	64 CITY-ST-ZIP
TITLE		51 TITLE ☐ Change ☐ Add
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE ☐ Change ☐ Add
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

AA 3/24

14. I declare that I have examined the information supplied with the filing of voluntarily furnished and that all required information is true, accurate and complete. 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: Zoraida Brito — 3-11-95 (305) 823-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number