

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 24 PM 12:46

DOCUMENT # P94000091418 (1)

1. Corporation Name

JUANNY CASTANEDO, INC.

Principal Place of Business

**9290 SW 34 ST
MIAMI FL 33165**

Mailing Address

**9290 SW 34 ST
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/19/1994

4. FEI Number

59-3281952

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. 199.017
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CASTANEDO, JUANA M
9290 SW 34 ST
MIAMI FL 33165**

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

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE NAME
NAME ANEDO, JUANA M
STREET ADDRESS 12910 SW 119 ST
CITY - ST - ZIP MIAMI FL 33186**

**TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**

**PRESIDENT
JUANA M. CASTANEDO
9290 SW 34 ST.
MIAMI, FL 33165**

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

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**

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

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

☐ Change ☐ Addition

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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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed Name)

5/12/95 305-532-6144