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
1995 MAY -1 PM 7:19
TALLAHASSEE, FLORIDA

300001492343
-05/17/95--01173--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000091737 (4)**

1. Corporation Name

LORD, PICHARDO & CASTRO, INC.

Principal Place of Business	Mailing Address
508 TAYLOR ROAD SEFFNER FL 33584	508 TAYLOR ROAD SEFFNER FL 33584

3. Date Incorporated or Qualified: **12/19/1994**
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 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

PICHARDO, RAMON
508 TAYLOR ROAD
SEFFNER FL 33584

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☒ Change ☐ Addition
NAME	CASTRO, ARNALDO	12 NAME	Castro, Arnaldo	
STREET ADDRESS	508 TAYLOR ROAD	13 STREET ADDRESS	508 Taylor Rd	
CITY-ST-ZIP	SEFFNER FL 33584	14 CITY-ST-ZIP	Seffner, Fl 33584	
TITLE	D	21 TITLE	Sec Treasurer	☒ Change ☐ Addition
NAME	PICHARDO, RAMON	22 NAME	Pichardo, Ramon	
STREET ADDRESS	508 TAYLOR ROAD	23 STREET ADDRESS	508 Taylor Rd	
CITY-ST-ZIP	SEFFNER FL 33584	24 CITY-ST-ZIP	Seffner, Fl 33584	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	DP	☐ Change ☐ Addition
NAME		62 NAME	5-1-95	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(k), 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 added to the report with an address.

SIGNATURE: _____ Ramon Pichardo 4/29/95 653-3737
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0002486 FP