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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019668 (9)

1. Corporation Name
FLORES LOCKSMITH, INC.

Principal Place of Business
5834 S.W. 4 STREET
MIAMI FL 33144

Mailing Address
5834 S.W. 4 STREET
MIAMI FL 33144-3311



3. Date Incorporated or Qualified 03/09/1995
3a. Date of Last Report 05/17/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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4. FEI Number 65-0575381
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

FLORES, ESTEBAN
5834 S.W. 4 STREET
MIAMI FL 33144

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: (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME FLORES, ESTEBAN
STREET ADDRESS 5834 S.W. 4 STREET
CITY - ST - ZIP MIAMI FL 33144
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP
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
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP
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 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 if changed, or on an attachment with an address.

SIGNATURE:

Esteban Flores President

1-8-97 305-261-7050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone 0201368

CR2E034 (9/96)