

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019887 (5)

1. Corporation Name

MALAGA INVESTMENT, CO.



Principal Place of Business

999 PONCE DE LEON BOULEVARD
SUITE 1150
CORAL GABLES FL 33133

Mailing Address

999 PONCE DE LEON BOULEVARD
SUITE 1150
CORAL GABLES FL 33133

2. Principal Place of Business

21 33 MALAGA AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 144634

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/09/1995

3a. Date of Last Report

4. FCI Number

65-0564912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

City & State

23 CORAL GABLES FL

27

City & State

28 CORAL GABLES FL

24

Zip

24 33134

Country

25 DADE

29

Zip

29 33114-4634

Country

30 DADE

9. Name and Address of Current Registered Agent

PRAHL, JOHN T

999 PONCE DE LEON BOULEVARD
SUITE 1150
CORAL GABLES FL 33133

10. Name and Address of New Registered Agent

81 Name

MIGUEL A. AMOR

82 Street Address (P.O. Box Number is Not Acceptable)

33 MALAGA AVE

83

84

City

CORAL GABLES

FL

85 Zip Code

33134

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 board of directors

(Note: Registered Agent signature required when "changing")

03-18-96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

AMOR, MIGUEL A

STREET ADDRESS

999 PONCE DE LEON BOULEVARD, SUITE 1150

CITY-ST-ZIP

CORAL GABLES FL 33133

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33 MALAGA AVE

CORAL GABLES FL 33134

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

000001778120

04/12/96-01030-001

***200.00

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-96

305-8565017

Date

Daytime Phone

03-18-96

CR2E034 (12/95)