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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIMISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

P95000030758 (3)

Mailing Address

Corporation Name
BLANQUITO

11451 SW 43RD STREET 11451 SW 43RD STREET MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1995 2. Principal Place of Business 2a. Mailine Address 4. FEI Number Applied For 65-05159 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 21 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BLANCO, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 11451 SW 43RD STREET MIAMI FL 33165 85 Zipi Code FL Pursuant to the provisions of Sections 607,0502 and E07,1508, Florida Statutes, the above-named or registered agent, or both, in the State of Florida. Such change was authorized by the corporation familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. 5 this statement for the purpose of changing its registered office Thereby accept the appointment as registered agent. I am SIGNATURE (MTs (12/95)OFFICERS AND DIRECTORS 12. CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1 1 TIFLE NAME BLANCO, MIGUEL 1.2 NAME CR2E034 STREET ADDRESS 11451 SW 43RD STREET 1.3 STREET ADDRESS MIAMI FL 33165 CITY - ST - ZIP 1.4 C:TY - ST - 7:P DELETE TITLE 2 1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 C(TY-ST-7)P DELETE THEF 3 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 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 or this arrival report or supplemental amount report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the componation of the roce zero 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 address.

4 1 1/11/6

4.2 NAME

5 1 TILLE

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SIGNATURE:

TITLE

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NAME STREET AUDRESS

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C11 y - ST - ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER DA DIRECTOR

DELETE

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