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

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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

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DIVISION OF CORPORATIONS P95000032416 (6) **DOCUMENT #** 

Country

9. Name and Address of Current Registered Agent

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. FERNANDEZ, FELIPE A

2051 S.W. 126TH COURT **MIAMI FL 33175** 

FELICO INC.	) INTERNATE AND TOTAL COUNT BOTH BOTH BOTH BOTH BUTH FIRE HARD FROM DISESTING BOTH AND				
Principal Place of Business	Mailing Address				
2051 S.W. 126TH COURT MIAMI FL 33175	2051 S.W. 126TH COURT MIAMI FL 33175				
		3. Date Incorporated or Qualified 04/25/1995	<b>3a</b> . Da	ite of Last Report	
2. Principal Place of Business	2a. Mailing Address	A Profession of the Control of the C		Applied For	
21	26	4. FEI Number 65-6591453	>	Not Applicable	
Suite, Apt #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	

City 85 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, 1 am

Country

81 Name

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familiar witi	h, and accept the obligations of, Section 60	07.0505, Florida Statutes				
SIGNATURE _	Signature, typed or printed name of registered agent and this	entagopicatle (twi)	FE Registered Agent signature regimes	week renstating	DATE	
12.	OFFICERS AND DIF	ECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	D	DELETE.	1 1 TIT. F		Change	☐ Add tion
NAME	FERNANDEZ, FELIPE A		1.2 NAME			
STREET ADDRESS	2051 S.W. 126TH COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2 1 TillE		☐ Change	☐ Addition
NAME	FERNANDEZ, MARIA C		2.2 NAME			
STREET ADDRESS	2051 S.W. 126TH COURT		2.3 STREET ADDRESS			
CHY-ST-ZIP	MIAMI FL 33175		2.4 CITY - ST - ZIP			
7+TLE	110 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	3 1 TITLE		Change	Addition
NAME			3 2 NAMÉ			
STREET ADDRESS			3.3 STREET ADDRESS			
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NAME			4 2 NAME			
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CITY-ST-ZIP			4.4 CITY+ ST+ZIP	-04/29/96011	09011	
TifLE		DELETE	5 1 TITLE	***200.00	☐ Change	Addition
NAME			5.2 NAME	· · · -		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4.0 H.Y \$1 - ZIP			
TITLE		DELETE	6 1 TifLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - SF - ZiP			

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not quarify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 12 or Block 13 true and accurate and that my name appears in Block 13 true and accurate and that my name appears in Block 13 true and accurate and that my name appears in Block 13 true and accurate and that my name appears in Block 13 true and accurate and that my name appears in Block 13 true and accurate and that my name appears in Block 13 true and accurate and that my name appears in Block 13 true and accurate and that my name are accurate and that my nam

**SIGNATURE:** 

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CTLL 2 9-96

CR2E034 (12/95)

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Zip Code

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Fiorida Statutes

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

Yes 🗌 No