FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000034965 (0)

1. Corporation Name

STAY-PUT, INC.

Principal Place of Business	Mailing Address
16700 NW 73RD AVENUE MIAMI LAKES FL 33015	16700 NW 73RD AVENUE MIAMI LAKES FL 33015

2. Principal Place of Business
21 ~16700 N.W. 73 AVE.~ MIAMI FLORIDA
22 Suite, Apt. #, etc.
23 City & State MIAMI, FLORIDA
24 Zip 33015   25 Country U.S.A

2a. Mailing Address
26 16700 N.W. 73 AVE.
27 Suite, Apt. #, etc.
28 City & State MIAMI, FL.
29 Zip 33015   30 Country U.S.A.

3. Date Incorporated or Qualified **05/01/1995**
3a. Date of Last Report

4. FEI Number 65-0583536 — 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

RIVERO, HECTOR T JR.
16700 NW 73RD AVENUE
MIAMI LAKES FL 33015,

10. Name and Address of New Registered Agent

81 Name NONE.
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 _____ Signature, typed or printed name of registered agent and title if applicable   HECTOR T. RIVERO JR   04-25-96 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12. OFFICERS AND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES	Change	Addition
TITLE	PRESIDENT	☐	1.1 TITLE		☐	☐
NAME	HECTOR T. RIVERO JR.		1.2 NAME			
STREET ADDRESS	16700 N.W. 73 AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33015		1.4 CITY-ST-ZIP			
TITLE	STOCK HOLDER	☐	2.1 TITLE		☐	☐
NAME	JOE SANTIAGO		2.2 NAME			
STREET ADDRESS	390 W. 40 PL.		2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33013		2.4 CITY-ST-ZIP			
TITLE		☐	3.1 TITLE		☐	☐
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐	4.1 TITLE		☐	☐
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐	5.1 TITLE		☐	☐
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐	6.1 TITLE		☐	☐
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (12/95)

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   4-25-96 Date   (305)817-4837 Daytime Phone #