

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

1996 MAR -6 AM 11:11

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SECRETARY OF STATE-03/06/96-01037-015
TALLAHASSEE, FLORIDA ****208.75 ****208.75

DOCUMENT # P95000044758 (7)

1. Corporation Name

PI-ROSE ENTERPRISES NO. 2 INC.

Principal Place of Business

Mailing Address

~~110 WEST 30TH COURT~~
HIALEAH FL 33016

~~110 WEST 30TH COURT~~
HIALEAH FL 33016



2. Principal Place of Business

2a. Mailing Address

21 2894 W. 3rd Ct.

26 2894 W. 3rd Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Hialeah, FL

28 Hialeah, FL

Zip

Country

Zip

Country

24 USA

29 USA

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

4. FEI Number

Applied for

☒ 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

10. Name and Address of New Registered Agent

81 Name

Rafael Lopez

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

210 W. 68 St., #210

83

84 City

Hialeah

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, type or printed name of registered agent and then applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME ~~MESA GEBARDO~~
STREET ADDRESS ~~110 WEST 30TH COURT~~
CITY-ST-ZIP ~~HIALEAH FL 33016~~

TITLE D ☐ DELETE

NAME LOPEZ, RAFAEL LOPEZ, RAFAEL
STREET ADDRESS 210 WEST 68TH ST. #210
CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE Vice Pres/Sec/Direc. ☐ Change ☒ Addition

12 NAME Rafael E. Gavira
13 STREET ADDRESS 2894 W. 3rd Ct., Hialeah, FL
14 CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 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, unchanged, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

887-2105

Daytime Phone #

CR2E034 (12/95)