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 # **P95000046677 (7)**

1. Corporation Name
20 W. 8 STREET CORP.

Principal Place of Business	Mailing Address
2414 S.W. 8TH ST. **MIAMI FL 33135**	**2414 S.W. 8TH ST.** **MIAMI FL 33135**

3. Date Incorporated or Qualified: **06/15/1995** | 3a. Date of Last Report:

2. Principal Place of Business — 21: | Suite, Apt. #, etc. — 22: | City & State — 23: | Zip — 24: | Country — 25:

2a. Mailing Address — 26: | Suite, Apt. #, etc. — 27: | City & State — 28: | Zip — 29: | Country — 30:

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

ARAZOZA & COMAS, P.A.
101 MADEIRA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.
82 Street Address (P.O. Box Number is Not Acceptable):
83 -02/22/96--01088--000
84 City: ***200.00 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.

-02/22/96--01088--008
***200.00

SIGNATURE: _____ DATE:
(If changing Registered Agent, Signature of New Registered Agent required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE: P	☐ Change ☒ Addition
NAME		12 NAME: Manuel A. Grande	
STREET ADDRESS		13 STREET ADDRESS: 2720 SW 129th Ave.	
CITY-ST-ZIP		14 CITY-ST-ZIP: Miami, FL 33175	
TITLE	☐ DELETE	21 TITLE: VP	☐ Change ☒ Addition
NAME		22 NAME: Elia Grande	
STREET ADDRESS		23 STREET ADDRESS: 2720 SW 129th Ave.	
CITY-ST-ZIP		24 CITY-ST-ZIP: Miami, FL 33175	
TITLE	☐ DELETE	31 TITLE: S	☐ Change ☒ Addition
NAME		32 NAME: Carlos M. Grande	
STREET ADDRESS		33 STREET ADDRESS: 1037 Alfonso	
CITY-ST-ZIP		34 CITY-ST-ZIP: Coral Gables, FL 33146	
TITLE	☐ DELETE	41 TITLE: T	☐ Change ☒ Addition
NAME		42 NAME: Frank Grande	
STREET ADDRESS		43 STREET ADDRESS: 2414 SW 8 St.	
CITY-ST-ZIP		44 CITY-ST-ZIP: Miami, FL 33135	
TITLE	☐ DELETE	51 TITLE:	☐ Change ☐ Addition
NAME		52 NAME:	
STREET ADDRESS		53 STREET ADDRESS:	
CITY-ST-ZIP		54 CITY-ST-ZIP:	
TITLE	☐ DELETE	61 TITLE:	☐ Change ☐ Addition
NAME		62 NAME:	
STREET ADDRESS		63 STREET ADDRESS:	
CITY-ST-ZIP		64 CITY-ST-ZIP:	

***200.00-----
-02/22/96--01088--000
FLO DEPARTMENT OF STATE
DEPT OF STATE 450453

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: Carlos Grande — 01-18-96 — (305)642-4621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)