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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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SIGNATURE:

DOCUMENT #

1996

P95000065721 (9)

OCCIDENTAL-NORTH CORPORATION

Principal Place of Business Mailino Address 5319 SOUTHWEST 141ST PLACE 5319 SOUTHWEST 141ST PLACE MIAMI FL 33175 MIAMI FL 33175 3. Date Incorporated or Qualified 3a. Date of Last Report 08/24/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 653900 65-0609407 P.O. Box Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI Trust Fund Contribution 23 Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Country Z_{10} Country 33 265 - 3906 30 Yes □ No 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAMAZARES, PATRICK R 82 Street Address (P.O. Box Number is Not Acceptable) 5319 SOUTHWEST 141ST PLACE 63 **MIAMI FL 33175** Crty 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE. Signature, typed or punted name of registered against and title it apply, able (NOTE: Boardined Agent signature record Lighter recording 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change 🛣 Addition TIFLE 1.1006 PD ANDOLLO, JR., GUILLERMO 1.2 NAME CR2E034 LAMAZARES, PATRICK R 7400 S.W. 132 PLACE STREET ADDRESS 5319 SOUTHWEST 141ST PLACE 13 STREET ADDRESS MIAMI, FL 33183 **MIAMI FL 33175** 1.4 CITY - \$1 - 7IP CHY-ST-ZIP **X** DELETE Change Addition 2 1 TITLE TITLE 2.2 NAME NAME VALDES, NEIDA 5319 SOUTHWEST 141ST PLACE 2.3 STHEET ADDRESS STREET ADDRESS MIAMI FL 33175 24 CITY - ST. 7IP CITY - ST - 719 Addition TITLE THE DELETE 3 1 THUE Change 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 3.4 CITY - ST - ZIP DELETE Change ☐ Addition 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAM-NAME STREET ADDRESS 5.3 STREET ADDRESS C-TY-ST-ZiP 5 4 CiTY - ST - ZiF DELETE Addit on 6 1 HTE TITLE NAME 6.2 NAME STREET ADDRESS 64 CITY ST-ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

· PATRICK R. LAWAZARES DD 3/4/96