

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P9500002125396**
1. Corporation Name
MONTUENGA BROS., INC.

Principal Place of Business 9057 S.W. 157 Path Miami, FL 33196	Mailing Address 9057 SW 157 Path Miami, FL 33196
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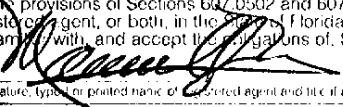
2. Principal Place of Business 21 9057 SW 157 Path Suite, Apt. #, etc. 22 — City & State 23 Miami, FL Zip 24 33196 Country 25 USA	2a. Mailing Address 26 9057 SW 157 Path Suite, Apt. #, etc. 27 — City & State 28 Miami, FL Zip 29 33196 Country 30 USA
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3. Date Incorporated or Qualified 8/31/95	3a. Date of Last Report 3/25/96
4. FEI Number 65-0413608	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 MANUEL A. MESA, ESQ. GERMAN DE BUSTOS 12865 NW 18th Street Miami, Florida	
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10. Name and Address of New Registered Agent 81 Name MANUEL A. MESA, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Avenue 83 Suite 660 84 City Miami FL 85 Zip Code 33131	
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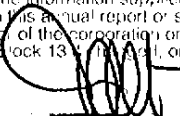
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the regulations of Section 607.0505, Florida Statutes.

SIGNATURE  **MANUEL A. MESA, ESQ.** DATE **3/12/97**
(NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	FERNANDO MONTUENGA	
STREET ADDRESS	C/O 9057 SW 157 Path	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	SD	☒ DELETE
NAME	GERMAN DE BUSTOS	
STREET ADDRESS	12865 NW 18th St	
CITY-ST-ZIP	Miami, FL	
TITLE	VP	☐ DELETE
NAME	JOSIA A. MONTUENGA	
STREET ADDRESS	9057 SW 157 Path	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	4th	☒ DELETE
NAME	GERMAN DE BUSTOS	
STREET ADDRESS	12865 NW 18th Street	
CITY-ST-ZIP	Miami, FL	
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		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE	VSD	☒ Change ☐ Addition
32 NAME	JOSE A. MONTUENGA	
33 STREET ADDRESS	9057 SW 157 Path	
34 CITY-ST-ZIP	Miami, FL 33196	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 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, or on an attachment with an address.

SIGNATURE:  **JOSE A. MONTUENGA** DATE **3/12/97** **305-377-1006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)