

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000068906 (3)

1. Corporation Name

E. OVALLES AND COMPANY INC.

Principal Place of Business

400 N.E. 18TH AVENUE APT. #101  
HOMESTEAD FL 33030

Mailing Address

400 N.E. 18TH AVENUE APT. #101  
HOMESTEAD FL 33030



3. Date Incorporated or Qualified  
09/07/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 1850 SW - 122<sup>ND</sup> AVE.

26 1850 SW - 122<sup>ND</sup> AVE.

4. FFI Number

65-0655386

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT. 101

27 APT. 101

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 MIAMI - FLORIDA

28 MIAMI - FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33175

25 FLORIDA

29 33175

30 USA

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

OVALLES, EDGAR J  
400 NE 18TH AVENUE #101  
HOMESTEAD FL 33030

81 Name

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

1850 SW - 122<sup>ND</sup> AVE.

83 APT. 101

84 City

MIAMI - FLORIDA

FL

85 Zip Code

33175

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 filer if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

APRIL 25/1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME OVALLES, EDGAR  
STREET ADDRESS 400 NE 18TH AVE APT. 101  
CITY-ST-ZIP HOMESTEAD FL 33030

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1850 - SW - 122<sup>ND</sup> AVE. APT. 101  
1.4 CITY-ST-ZIP MIAMI - FL. 33175

TITLE ☐ DELETE  
NAME OVALLES, EDGAR J  
STREET ADDRESS 400 NE 18TH AVE APT. 101  
CITY-ST-ZIP HOMESTEAD FL 33030

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1850 SW - 122<sup>ND</sup> AVE. APT. 101  
2.4 CITY-ST-ZIP MIAMI - FL. 33175

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 if changed, or on an attachment with an address.

SIGNATURE: E. OVALLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-96

Date

(305) 228-4323

Daytime Phone #

CR2E034 (12/95)