

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 # **P95000087272 (7)**

1. Corporation Name

SUPER TEQUENOS USA, INC.



Principal Place of Business
**999 PONCE DE LEON BLVD. #1015
CORAL GABLES FL 33134**

Mailing Address
**999 PONCE DE LEON BLVD. #1015
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0640909

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country

Zip Country

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

**FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311**

81 Name **URDANETA, JUAN**
82 Address (P.O. Box Number is Not Applicable)
83 **999 PONCE DE LEON BLVD**
84 **SUITE 1015**
CORAL GABLES FL **33134**

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

JUAN URDANETA

(NOTE: Registered Agent signature required if registered)

DATE

3/4/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D FANTOZZI, FELICE**
STREET ADDRESS **999 PONCE DE LEON BLVD. #1015**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME **D FANTOZZI, ANTONIO**
STREET ADDRESS **999 PONCE DE LEON BLVD. #1015**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME **D FUENTES, ELIO**
STREET ADDRESS **999 PONCE DE LEON BLVD. #1015**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELICE FANTOZZI, 3/4/96 444-6669

Daytime Phone #

CR2E034 (12/95)