FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000011041 (6)**

1. Corporate Name
JOSE M. REQUEJO CORP.

Principal Place of Business
10253 S.W. 28TH STREET
MIAMI FL 33165

Mailing Address
10253 S.W. 28TH STREET
MIAMI FL 33165-2805

3. Date Incorporated or Qualified: **02/05/1996**
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: 65-0638364 ☐ 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

SOSA-REQUEJO, HEILEEN ESQUIRE
10253 S.W. 28TH STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: Jose M. Requejo
82 Street Address (P.O. Box Number is Not Acceptable): 10253 SW 28 st
83
84 City: Miami FL 85 Zip Code: 33165

11. Pursuant to the provisions of s. 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] (NOTE: Registered Agent signature required when reinstating) DATE: MARCH 6, 1997

12. OFFICERS AND/OR DIRECTORS

PSD
Jose M. Requejo
10253 SW 28st
Miami, FL 33165

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
	1.2 NAME		
	1.3 STREET ADDRESS		
	1.4 CITY-ST-ZIP		
☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
	2.2 NAME		
	2.3 STREET ADDRESS		
	2.4 CITY-ST-ZIP		
☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
	3.2 NAME		
	3.3 STREET ADDRESS		
	3.4 CITY-ST-ZIP		
☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
	4.2 NAME		
	4.3 STREET ADDRESS		
	4.4 CITY-ST-ZIP		
☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
	5.2 NAME		
	5.3 STREET ADDRESS		
	5.4 CITY-ST-ZIP		
☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
	6.2 NAME		
	6.3 STREET ADDRESS		
	6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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; 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 above, or on an attachment with an address.

SIGNATURE: [signature] Jose M. Requejo MARCH 6, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #