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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

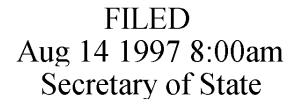
DOCUMENT # P96000016885 (1)

PURAGUA CORPORATION

Principal Place of Business

Mailing Address

4830 KIRKMAN RD. SUITE 194 ORLANDO FL 32811 4630 KIRKMAN RD. SUITE 194 ORLANDO FL 32811-2873





•					3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59 3394923 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 \$5.00 May Be	
23 Zip	Country	28 Zip	I Count	rv	Trust Fund Contribution Added to Fees	
24	25	29	30	· y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24	9, Name and Address of Curren		1001		10. Name and Address of New Registered Agent	
STA	NFORD, CARLA S		8	1 Name		
400 S OR'ANDO AVE, SUITE I			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	TER PARK FL 32789		١	Z Gileel A	niteet Address (r.o. pox Number is Not Acceptable)	
			8	3		
		В	4 City	FL 85 Zip Code		
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized I	by the corpo	orporation submits this statement for the purpose of changing its registered tration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or punied name of registered age	ut and title if applicable (NO	TE: Registered A	igent signature re	equired when relinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	:	Change J Addition	
NAME	LATULIPPE, GERARD		1.2 NAM	E		
STREET ADDRESS	4630 KIRKMAN RD, SUITE 194	ŀ	1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811	□ Belere		- \$1 - 2IP	D Observe D Addition	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAM			
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CITY-ST-ZIP		DELETE	2. 4 CHY 3.1 TITLE	r-ST-ZIP	Change Additio	
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CITY-ST-ZIP TITLE		☐ DELETE	4.1 THTL		Change [] Additio	
NAME			4.2 NAN	į.	_ • -	
STREET ADDRESS			4.3 STRE	ET ADDRESS		
City-St-ZiP				-ST-ZIP		
TITLE		DELETE	5.1 TITL		Change Additio	
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	ET ADORESS		
CITY-ST-ZIP			R .	-ST-ZIP		
TITLE		DELETE	6.1 TITL		Change Additio	
NAME			6.2 NAM	ie		
STREET ADDRESS			6.3 STR	ELADDRESS		
CITY-ST-ZIP			6.9.611	SI-ZIP		
dd Lda basal	by certify that the information supplie in indicated on this annual report or a fficer or director of the corporation of in Block 12 or Block 13 if charged, o	o with this filing does not qual supplemental annual report is the receiver or rustee emport to an attachment with an ac-	lify for the e tree and ac wared to ex idress.	xemption sta curate and t ecute this re	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; the port as required by Chapter 607, Florida Statutes; and that my name	