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FILED
May 07 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 # P96000062801 (1)

1. Corporation Name
FIRST DAY CORPORATION

Principal Place of Business

3435 SW 1ST AVE
MIAMI FL 33145

Mailing Address

3435 SW 1ST AVE
MIAMI FL 33145-3903

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RODRIGUEZ KOHLY, LUIS F
3435 SW 1ST AVE
MIAMI FL 33145

3. Date Incorporated or Qualified

07/25/1996

3a. Date of Last Report

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

81 Name SAME

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

83

84 City

FL

85 Zip Code

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KOHLY, LUIS F RODRIGUEZ KOHLY, LUIS F.
STREET ADDRESS 3435 SW 1ST AVE
CITY-ST-ZIP MIAMI FL 33145 (SAME PERSON)

TITLE D
NAME KOHLY, JUAN L RODRIGUEZ KOHLY, JUAN L
STREET ADDRESS 3435 SW 1ST AVE
CITY-ST-ZIP MIAMI FL 33145 (SAME PERSON)

TITLE D
NAME RODRIGUEZ, JOSEFINA
STREET ADDRESS 353 UNIVERSITY DR APT 133
CITY-ST-ZIP MIAMI FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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; that I am an officer or director of the corporation, and the officer 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 on an attachment with an address.

SIGNATURE:

CR2E034 (9/96)