

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

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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000062901

1. Corporation Name

O & B CORPORATE SERVICES, INC.

Principal Place of Business	Mailing Address
c/o Miguel M. Gonzalez 370 Minorca Ave., Ste 5 Coral Gables, FL 33134	c/o Miguel M. Gonzalez 370 Minorca Ave., Ste 5 Coral Gables, FL 33134

5. Date Incorporated or Qualified July 25, 1996	2a. Date of Last Report
4. FEI Number 65-0694929	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 c/o Miguel M. Gonzalez Suite, Apt. #, etc.	2a. Mailing Address 22 c/o Miguel M. Gonzalez Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country

8. Name and Address of Current Registered Agent GONZALEZ, MIGUEL M. 370 Minorca Avenue, Suite 5 Coral Gables, FL 33134	10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City 05 Zip Code
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11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file, if applicable.

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ORDONEZ, DIANA	1.2 NAME	
STREET ADDRESS	370 Minorca Avenue, Suite 5	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BACA, MARIA DEL ROSARIO	2.2 NAME	
STREET ADDRESS	1408 So. Bayshore Dr., Apt 312	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131 ☐ DELETE	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diana Ordóñez Diana Ordóñez, Director 4/24/97 (305) 461-1650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #