FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

Mailing Address
201 MADEIRA AVENUE

CORAL GABLES FL 33134-3901

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

201 MADEIRA AVENUE CORAL GABLES FL 33134

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY - ST - ZIP

TITLE



FLORIDA DEPARTMENT TATE

FILED

Feb 04 1997 8:00am

Secretary of State

3a. Date of Last Report

(96/6)

CR2E034

Addition

3. Date Incorporated or Qualified

09/05/1996

Sandra B. Morth

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000074626 (8)

SHELTON - BRIZUELA & ASSOCIATES, INC.

2, Principal Place of Business 4. FEI Numbel 2a. Mailing Address Applied For 65-069523 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 **Trust Fund Contribution** Added to Fees 23 Country $Z_{\rm ID}$ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes ØYes □ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GAVIRIA, JORGE 9769 S DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 201 MIAMI FL 33156 83 84 City 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 algorature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE SHELTON, TERESITA NAME 1.2 NAME 201 MADEIRA AVENUE 1.3 STREET ADDRESS STREET ADORESS **CORAL GABLES FL 33134** 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 211ITE Change Addition TITLE BRIZUELA, RAUL NAME **2.2 NAME 6940 SUNRISE DRIVE** 2.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33133** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Addition ___ DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CHY-ST-ZIP DELETE Change Addition 54 TITLE TITLE NAME NAME

> STREET ADDRESS CITY-ST-ZIP

64 CITY-ST-ZIP

TITLE

NAME

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 of upplemental 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 regelver or trustee empowered to elecute this report as required by Chapter 607, Florida Statutes; and that my name

DELETE