

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 15 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT *
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000081462 (9)

1. Corporation Name

REMOLINA & ASSOCIATES, INC.

Principal Place of Business

9020 N.W. 8TH STREET #411
MIAMI FL 33172

Mailing Address

9020 N.W. 8TH STREET #411
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8960 NW 8th Street

Suite, Apt. #, etc.

22 214

City & State

23 Miami, FL

Zip

24 33172

Country

25 US

2a. Mailing Address

26 8960 NW 8th Street

Suite, Apt. #, etc.

27 214

City & State

28 Miami, FL

Zip

29 33172

Country

30 US

3. Date Incorporated or Qualified

10/02/1996

3a. Date of Last Report

U/A

4. FEI Number

65-070AA12

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINEZ, CARLOS
9020 N.W. 8TH STREET #411
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name MAURICIO REMOLINA

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

83 8960 NW 8th Street # 214

84 City Miami

FL

85 Zip Code 33172

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, or title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

08-13/97

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME MARTINEZ, CARLOS
STREET ADDRESS 9020 N.W. 8TH STREET #411
CITY-ST-ZIP MIAMI FL 33172

TITLE PSD ☐ DELETE

NAME REMOLINA, MAURICIO
STREET ADDRESS 9020 N.W. 8TH STREET #411
CITY-ST-ZIP MIAMI FL 33172

TITLE TD ☐ DELETE

NAME LOSADA, ERIKA A
STREET ADDRESS 9020 N.W. 8TH STREET #411
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 or the receiver 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, or on an attachment with an address.

SIGNATURE

08-13/97

CR2E034 (4/97)