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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 09 1997 8:00am

Secretary of State

DOCUMENT # P96000102640 (5)

FLORIDA FACTORY, INC.

Principal Place of Business Mailing Address 2459 NW 31 ST. 2459 NW 31 ST. MIAMI FL 33142 MIAMI FL 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zin 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutos Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MATILLA, OLANIA 2459 NW 31 ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Addition TITLE Change 11 TOUR MATILLA, OLANIA NAME 1.2 NAME 2459 NW 31 ST. STREET ADDRESS 1.8 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 1.4 CITY-S1-7IP 🔲 DELETE Change TITLE Addition 2.3 THILE MATILLA, CARLOS NAME 2.2 NAME 2459 NW 31 ST. STREET ADDRESS 2.8 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 2. 4 CITY - \$1-7IP DELETE TITLE Change Addition 3.1 TITLE NAME 3.₽ NAMI STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP TITLE DELETE Change 4.1 HTLE Addition NAME 4.2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE THUE 5.4 101.6 ☐ Change Addition NAME 5.P NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIF TITLE DELETE Change Addition 6.0 TO LE NAME 6.2 NAME STREET ADDRESS 6.8 STREET ADDRESS CITY-ST-ZIE 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 eath; 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 attachmost with an address.

DESCRIPTION OF TOURSELLE