

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S04417 (9)			
1. Corporation Name FOYO AND ASSOCIATES, INC.			
Principal Place of Business 1420 NW 114 AVE PEMBROKE PINES FL 33026		Mailing Address 1420 NW 114 AVE PEMBROKE PINES FL 33026-2323	

2. Principal Place of Business 21 1689 N. Hiatus Rd. Suite Apt. # etc. 22 160 City & State 23 Pembroke Pines, FL Zip 24 33026 Country 25 Broward 26 Same as place of business 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 09/24/1990 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0217028 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	
8. Name and Address of Current Registered Agent SNERO, E. % EM ACCOUNTING SERVICES 2000 SW 90TH TERR MIAMI FL 33155			
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 7179 Pembroke Pines 84 City Pembroke Pines FL 85 Zip Code 33022			

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]* DATE: 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	FOYO, JUAN	1.2 NAME	
STREET ADDRESS	1420 NW 114 AVE -	1.3 STREET ADDRESS	1689 N. Hiatus Rd #160
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	FOYO, JUAN	2.2 NAME	
STREET ADDRESS	1420 NW 114 AVE	2.3 STREET ADDRESS	1689 N. Hiatus Rd #160
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* JOAN FOYO 4/28/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0136360