

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S07144** (6)

1. Corporation Name
E-Z SPACE AND STORAGE, INC.



Principal Place of Business

P O BOX 560087
MIAMI FL 33256-087
US

Mailing Address

P O BOX 560087
MIAMI FL 33256-087
US

3. Date Incorporated or Qualified
10/19/1990

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
65-0225942

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ORTA, JORGE R., ESQUIRE
1000 PONCE DE LEON BLVD.
STE. 305
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 the corporation

(NOTE: Registered Agent Signature Required, when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD ORTA, NELSON
6235 S.W. 112TH STREET
MIAMI FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
**S Orta, Lorna K.
6235 S.W. 112 Street
Miami, FL 33156** ☐ Change ☒ Addition

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson Orta

April 30, 1996

(305) 667-6699

CR2E034 (12/95)