

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S08158** (5)
1. Corporation Name
CADILLAC WATCHES, SUN-GLASSES, AND FRAMES INC.



Principal Place of Business

Mailing Address

~~5090 E. 2ND AVE DR.~~
~~P.O. BOX 111615-1615~~
~~MIAMI FL 33013~~
~~US~~

~~5090 E. 2ND AVE DR.~~
~~P.O. BOX 111615-1615~~
~~MIAMI FL 33013~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 **5090 E. 2 Ave.**

26 **5090 E. 2 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Hialeah, FL**

28 **Hialeah, FL**

Zip Country

Zip Country

24 **33013**

25

29 **33013**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/24/1990

3a. Date of Last Report
05/22/1995

4. FEI Number
65-0225037

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

10. Name and Address of New Registered Agent

HERNANDEZ, PABLO
5090 E 2ND AVE
HIALEAH FL 33013

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 title if applicable

(NOT a Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERNANDEZ, PABLO R
5090 E 2ND AVE
HIALEAH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MUSA, JOSE L.
8720 S.W. 54TH ST.
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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

Pablo Hernandez-President 5-8-96 305-888-5005

CR2E034 (12/95)