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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

MENT # \$37391

(7)

DOCUMENT #
1. Corporation Name

AMERICA'S BEST CORPORATION

Principal Place of Business

SIGNATURE:

Mailing Address



2020 S.W. 1ST SUITE #203 MIAMI FL 3313 US 2. Principal Plac 21 626	se of Business 1 W.Flaglers		v 30 \$ p.c.	3. Date incorporated or Qualified 03/13/1991 4. FEI Number 65-0247788	3a. Date of Last Report 04/21/1995 Applied Fo	able
Suite, Apt. #.	etc.	Suite, Apt. #, etc. 27 City & Skate	,,	Certificate of Status Desired Election Campaign Financing	\$8.75 Additional Fee Required \$5.00 May Be	
City & State	en Ala	28 MiAM +1	33133	Trust Fund Contribution	Added to Fees	
Ζιρ	Country	Zip	DOOL	This corporation has liability for i Florida Statutes Yes	ntangible tax under s 199.032, ☐ No	
24 331:	9 Name and Address of Curre	29 33/35 3	o proc	Florida Statutes 25 Yes 10. Name and Address of New R		
CASTRO, NANGY S. 2750 S.W. 87TH AVE. MAMLEL 33165 81 Name (JEGN, Jng) (82 Street Address; (P.O. Box Number is Not Acceptable), 83 // TAIN), (J 33/3 Z 84 City (D) Jame (Jegn) FL 65 65						3
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 697.0505, Florida Statutes SIGNATURE What was printed name of recommendations and the if applicable. NOTE: Registered Agent signature required when reinstating!						
12.	21	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12	
THILE	PD	DELETE	1. 1 TITLE		☐ Change ☐ Addi	ition
NAME	VEGA, JUAN C.		1.2 NAME			
STREET ADDRESS	P.O. BOX 557946 N/	Α	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CHTY - ST - ZHP			
THLE	STD	X DELETE	2 1 TITLE		☐ Change ☐ Addi	ition
NAME	CASTRO, NANCY S.	• •	2 2 NAME			ı
STREET ADDRESS	2660 S.W. 30TH AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3. 1 T TLE		Change Addi	ition
NAME			3.2 NAME			
STREET ADDRESS			3 3. STREET ADDRESS			İ
CITY-ST-ZIP			3 4 CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Add	ition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TPLE		☐ DELETE	5. 1 TITLE		☐ Change ☐ Add	ition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST- ZIP			5.4 C-TY - ST - ZIP			- I
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Add	DODU
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CiTY-ST-ZIP			6.4 CITY-S1-ZIP		OTIONAL Florida Chabdas 14 at	har I
14. I do hereby certify that oath; that I appears in	y certify that the information supplie the information indicated on this ar am an officer or director of the cor Block 12 or block 11 if changed, c	d with this filing is voluntarily furnish nual report or supplemental annual poration or the receiver or trustee e or on an attachment with an addiose	ed and does not qualify report is true and accumpowered to execute to 3.	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	same legal effect as if made unlorida Statutes. Furth same legal effect as if made unlorida Statutes; and that my har	nder me