

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52670 (4)

1. Corporation Name
ALMONT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**13199 N.W. 107TH AVENUE
#2
HALEAH GARDENS FL 33016
US**

Mailing Address
**13199 N.W. 107TH AVENUE
#2
HALEAH GARDENS FL 33016
US**

3. Date Incorporated or Qualified
05/15/1991

3a. Date of Last Report
04/14/1994

2. Principal Place of Business

2a. Mailing Address

21 1
Suite, Apt. #, etc.

26 15490 NW 97 Ave.
Suite, Apt. #, etc.

4. FEI Number
65-0303121

Applied For
☐ Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23
Zip Country

28 MIAMI, FL
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 33016 25 **29 33016 30 Dade**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONTEAGUDO, JESUS
8550 N.W. SOUTH RIVER DR.
MEDLEY FL 33166**

**ANTONIO GONZALEZ, ESQ.
8979 N.W. 152 Ave
MIAMI, FL 33016**

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]

ANTONIO GONZALEZ

4-29-95

NOTE: Registered Agent signature required when appointing

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
DP
NAME
MONTEAGUDO, JESUS
STREET ADDRESS
8550 NW SOUTH RIVER DR.
CITY - ST - ZIP
MEDLEY FL

11 TITLE
JESUS MONTEAGUDO ☒ Change ☐ Addition
12 NAME
15490 N.W. 97th AVE. D, PRES., SEC.
13 STREET ADDRESS
MIAMI, FL. 33016

TITLE
DP
NAME
ALMEIDA, CARLOS M., JR.
STREET ADDRESS
8550 NW SOUTH RIVER DR.
CITY - ST - ZIP
MEDLEY FL

21 TITLE
CARLOS ALMEIDA, JR. D, TREAS. ☒ Change ☐ Addition
22 NAME
15490 N.W. 97th AVE.
23 STREET ADDRESS
MIAMI, FL. 33016

TITLE
ST
NAME
ALMEIDA, CARLOS M., JR.
STREET ADDRESS
8550 NW SOUTH RIVER DR.
CITY - ST - ZIP
MEDLEY FL

31 TITLE
☐ Change ☐ Addition
32 NAME
☐ Change ☐ Addition
33 STREET ADDRESS
☐ Change ☐ Addition
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
☐ Change ☐ Addition
42 NAME
☐ Change ☐ Addition
43 STREET ADDRESS
☐ Change ☐ Addition
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
☐ Change ☐ Addition
52 NAME
☐ Change ☐ Addition
53 STREET ADDRESS
☐ Change ☐ Addition
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
☐ Change ☐ Addition
62 NAME
☐ Change ☐ Addition
63 STREET ADDRESS
☐ Change ☐ Addition
64 CITY - ST - ZIP

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]

Jesus Monteaquedo

4-29-95

(305) 826-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Print Name)