

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

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95 JUL 10 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S83525 (3)

1. Corporation Name
EGUSQUIZA, INC.

500001533825
-07/10/95--01081--001
***9225.00 ***225.00

Principal Place of Business Mailing Address
C/O FLORIDA REGISTERED AGENTS, INC.
100 GE 2ND ST., #3000
MIAMI FL 33131
C/O FLORIDA REGISTERED AGENTS, INC.
100 GE 2ND ST., #3000
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/30/1991
3a. Date of Last Report 04/29/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2601 S. Bayshore Dr.	26 2601 S. Bayshore Dr.	65-0300273	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite 1600	27 Suite 1600	☐	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Miami, Florida	28 Miami, Florida	☐	
Zip	Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☒ No
24 33133	25 U.S.		
29 33133	30 U.S.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 GE 2ND ST.
#3000
MIAMI FL 33131

81 Name
A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Drive
83 Suite 1600
84 City
Miami, FL
85 Zip Code
33133

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 agree to the provisions of the Florida Statutes.

SIGNATURE By: Justin T. Wilson, Secretary

Signature of the person who is authorized to register the corporation (required when translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	EGUSQUIZA, JULIO	1.2 NAME	
STREET ADDRESS	7100 W. 20TH AVE., #302	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
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	

REMITTED BY MAY 1

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

Date

Signature Number