SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:32

DOCUMENT # **S95676** **(0)**

1. Corporation Name

PULGAR ORGANIZATION OF AMERICA INC.

Principal Place of Business	Mailing Address
C/O ALBERTO J. PARLADE 207 MIAMI FL 33165 US	C/O ALBERTO J. PARLADE 3850 SW 87 AVE 207 MIAMI FL 33165 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1991
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29)
Country (25) (30)

4. FEI Number: NOT APPLICABLE ☐ 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

PARLADE, ALBERTO J. ESQ
3850 SW 87 AVE
SUITE 207
MIAMI FL 33165

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when manually signing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
11 TITLE	PSD	11 TITLE	PSTD ☒ Change ☐ Addition
12 NAME	PULGAR, ARMANDO	12 NAME	PULGAR, ARMANDO
13 STREET ADDRESS	AV. S MARINO C.C. MARGARITA PLAZA MEZZ #18	13 STREET ADDRESS	801 S. Bayshore Drive, #1968
14 CITY ST ZIP	ISLA DE	14 CITY ST ZIP	Miami, FL 33131
21 TITLE	T	21 TITLE	☐ Change ☐ Addition
22 NAME	PULGAR, ARMANDO	22 NAME	
23 STREET ADDRESS	AV. S MARINO C.C. MARGARITA PLAZA MEZZ #18	23 STREET ADDRESS	
24 CITY ST ZIP	ISLA DE	24 CITY ST ZIP	
31 TITLE	VP	31 TITLE	VP ☒ Change ☐ Addition
32 NAME	PULGAR, NILSA	32 NAME	PULGAR, NILSA
33 STREET ADDRESS	AV.S MARINO C.C. MARGARITA PLAZA MEZZ #18	33 STREET ADDRESS	801 S. Bayshore Drive, #1968
34 CITY ST ZIP	ISLA DE	34 CITY ST ZIP	Miami, FL 33131
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (395)

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)(i), 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] Armando Pulgar 6-12-95 (305)552-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0144567 FP