

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V21362

(1)

1. Corporation Name:

SUPREME PROPERTIES, INC.

Principal Place of Business:

5975 S W 137TH AVE #903
MIAMI FL 33183

Mailing Address:

5975 S W 137TH AVE #903
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1992 3b. Date of Last Report 05/01/1994

4. FEI Number 65-0320059 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 61.05, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business:

21. State Apt # etc.

2a. Mailing Address:

26. State Apt # etc.

22. City & State:

27. City & State:

23. City:

28. City:

24. State:

29. State:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUAN GOMEZ
5975 S W 137TH AVE #903
MIAMI FL 33183

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

83. City:

84. State:

FL

85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.1503, Florida Statutes.

SIGNATURE

My signature is printed below and registered by the Florida Department of State.

My signature is printed below and registered by the Florida Department of State.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D
2. NAME	GOMEZ, JUAN A
3. STREET ADDRESS	5975 S W 137TH AVE
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	D
6. NAME	GOMEZ, FLAVIO J
7. STREET ADDRESS	5445 S W 150TH PLACE
8. CITY, ST, ZIP	MIAMI FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	VICE PRES
7. STREET ADDRESS	GOMEZ, FLAVIO J.
8. CITY, ST, ZIP	9357 SW 76ST
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	MIAMI FL 33173
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 19.02(3)(b), 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN A. GOMEZ, PRESIDENT

4/25/95

(35)389329