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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1006

, Corporation		` '				
BAEZ /	AND ASSOCIATES, INC	).			14 8/8   8/8   1 18 8   1 18 18   1	
indipal Place i	of Business	Mailing Address				IA EIBH DIOM IOM
434 SW 63 AVENUE MIAMI FL 33144 US		424 SW 63 AVE Miami FL 33144 US				
				3. Date incorporated or Qualified 04/01/1992	3a. Date of Last F 04/18/19	995
- Principal Pład i	ce of Business	2a. Mailing Address		4, FEI Number 65-0341553		Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	- manual consistence organizary required required the constant of the constant	Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing	\$5.0	00 May Be
Zφ	Country	28   Zip	Country	Trust Fund Contribution  8. This corporation has liability for i	Aude	ed to Fees 199.032,
	[25]	[29]	30		□ No	
	9. Name and Address of Cu	urrent Registered Agent	81 Name	10. Name and Address of New R	legistered Agent	
DAC7 (	NOCAD					
Baez, O 424 SW	63 AVE			dress (P.O. Box Number is Not Acceptab	ole)	
MIAMI F	L 33144		83			
			<b>B4</b> City		FL 85 Z	ip Code
1	C Coll			oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its pointment as registered 2/14/96	registered off diagent. I am
SNATURE	C -granie , typich or physiological foliasieres OF FICE RS	tager and the itappleade (f	SOTE Registered Agent signature requin		pose of changing its bintment as registered bate ICERS AND DIRECTOR	<b>2</b> ORS IN 12
GNATURE	Cognative - by entire published of nationed OF FICERS	tage tand the itapplicace (f	NOTE Registered Agent signature require  13. 1 1 TITLE	ed when reinstaling)	pose of changing its bintment as registered at the post of the pos	<b>2</b> ORS IN 12
GNATURE	C SPECIAL PROPERTY OF FICERS  PD BAEZ, OSCAR	tager and the itappleade (f	SOTE Registered Agent signature requin	ed when reinstaling)	pose of changing its bintment as registered bate ICERS AND DIRECTOR	<b>2</b> ORS IN 12
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cath, 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 prion an attachment with an address.

Daytime Phone #

SIGNATURE: SIGNATURE AND

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR