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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V57753**

(8)

1. Corporation Name
FOUR N. OF MIAMI CORPORATION

Principal Place of Business

**2390 N.W. 39TH AVE.
MIAMI FL 33135**

Mailing Address

**2390 N.W. 39TH AVE.
MIAMI FL 33142-6738**



2. Principal Place of Business		2a. Mailing Address	
21	5680 N.W. 199 LANE Suite, Apt. #, etc.	26	5680 N.W. 199 LANE Suite, Apt. #, etc.
22	City & State MIAMI LAKES, FL.	27	City & State MIAMI LAKES, FL.
24	Zip 33055	25	Country U.S.A.
29	30		U.S.A.

3. Date Incorporated or Qualified 08/12/1992	3a. Date of Last Report 07/12/1996
4. FEI Number 65-0360210	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	
SALAZAR, WILLIAM 2390 NW 39 AVE MIAMI FL 33142	
81	Name BLANCA MARY SOTO
82	Street Address (P.O. Box Number is Not Acceptable) 5680 N.W. 199 LANE
83	
84	City MIAMI LAKES, FL
85	Zip Code 33055

10. Name and Address of New Registered Agent	

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 607.051, Florida Statutes.

SIGNATURE *Blanca Mary Soto* **President** DATE **2/27/97**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☒ DELETE	1.1 TITLE	DPT ☒ Change ☐ Addition
NAME	SALAZAR, WILLIAM	1.2 NAME	BLANCA MARY SOTO
STREET ADDRESS	2390 N.W. 39 AVENUE	1.3 STREET ADDRESS	5680 N.W. 199 LANE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DVS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SOTO, BLANCA	2.2 NAME	
STREET ADDRESS	2390 N.W. 39 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Blanca Mary Soto* **President** DATE **2/27/97** **(305) 875-1432**

CR2E034 (9/96)