

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 518992

(3)

95 FEB -2 PM 2:10

1. Corporation Name

MIAMI FREE ZONE CORPORATION

Principal Place of Business

2305 NW 107TH AVENUE
MIAMI FL 33172

Mailing Address

2305 NW 107TH AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/23/1976

3a. Date of Last Report
01/31/1994

2. Principal Place of Business

21

2a. Mailing Address

25

4. FEI Number

59-1707550

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEIVA, MARIA CAMILA
2305 NW 107TH AVENUE
MIAMI FL 33172

10. Name and Address of Now 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

TIPHAINE, BERNARD

STREET ADDRESS

2305 NW 107TH AVE

CITY- ST- ZIP

MIAMI FL

TITLE

PD

NAME

LEIVA, GERMAN

STREET ADDRESS

2305 NW 107TH AVE

CITY- ST- ZIP

MIAMI, FL 0

TITLE

S

NAME

SCHWARTZ, THOMAS

STREET ADDRESS

2305 NW 107TH AVE

CITY- ST- ZIP

MIAMI, FL 0

TITLE

VTD

NAME

LEIVA, MARIA C

STREET ADDRESS

2305 NW 107TH AVE

CITY- ST- ZIP

MIAMI, FL 0

TITLE

VD

NAME

SPROUL, ROBERT B.

STREET ADDRESS

2305 N.W. 107 AVE.

CITY- ST- ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

DELETE

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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)(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 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 in an attachment with an address.

SIGNATURE:

Maria Camila Leiva Maria Camila Leiva, VTD

1/30/95 (305) 591-4300 Ext.127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day Month Year