

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**

95 APR -7 AM 11:38

DOCUMENT # F87164

(2)

1. Corporation Name

TRADEWINDS INVESTMENTS, INC.

Principal Place of Business

**C/O CLARA A. FONSECA
1121 N.W. 203RD STREET
MIAMI FL 33169**

Mailing Address

**C/O CLARA A. FONSECA
1121 N.W. 203RD STREET
MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/26/1982

3a. Date of Last Report

03/30/1994

4. FEI Number

59-2199589

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

2. Principal Place of Business

21 13525 MEMORIAL HWY

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33161

Country

25 DADE

2a. Mailing Address

26 13525 MEMORIAL HWY

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33161

Country

30 DADE

9. Name and Address of Current Registered Agent

**FONSECA, CLARA
1121 N.W. 203RD STREET
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
13525 MEMORIAL HWY.

83

84 City
MIAMI

FL

85 Zip Code
33161

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
DAVIS, RUTH B.
8442 SW 197 COURT
DUNNELLON FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPT
FONSECA, CLARA A
1121 N.W. 203RD STREET
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(k), 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, unchanged, or only by amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95

(305) 893-0141

Title

Signature / Name #