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

APPROVED AND FILED
95 MAY -1 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G98876** **(7)**

1. Corporation Name
FIGOTUR INC.

Principal Place of Business
444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131

Mailing Address
444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **59-2397189** — 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. Does corporation intend to be eligible for election under Chapter 607, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
IBC FIDUCIARY INC.
100 S.E. SECOND ST
SUITE 2315-A
MIAMI FL 33131

10. Name and Address of New 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 Section 607.0505 and 607.0508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOGUET, JEAN-LUC
STREET ADDRESS	444 BRICKELL AVE #51-246
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	SMEJDA, L.
STREET ADDRESS	444 BRICKELL AVE #51-246
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Type A)

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
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CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is true and complete to the best of my knowledge and belief. I understand that the information contained in this report, once filed, will be made a matter of public record and that any personal data I have elected not to redact from the report may be subject to commercial solicitation. I understand that the filing of this report does not ensure continued eligibility to transact business in Florida. I understand that I am required to maintain a registered agent in Florida and that my failure to do so may result in the dissolution or administrative dissolution of my corporation.

SIGNATURE: L. Smejda **4/28/95** **305-358-9990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0132210 CP