

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # V34069

(7)

1. Corporation Name

95 APR 11 PM 9:34

PODER HOLDINGS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3191 CORAL WAY
SUITE 510
MIAMI FL 33145

3191 CORAL WAY
SUITE 510
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/06/1992

3a. Date of Last Report
03/07/1994

4. FEI Number
65-0334414

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

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

2. Principal Place of Business

2a. Mailing Address

21 **1501 VENERA AVE**

26 **1501 VENERA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **210**

27 **210**

City & State

City & State

23 **CORAL GABLES FL**

28 **CORAL GABLES FL**

24 **33146** 25 **USA**

29 **33146** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBORNOZ, WILLIAM H.
6191 CORAL WAY
SUITE 510
MIAMI FL 33145**

81 Name

SAME

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

901 PONCE DE LEON BLVD 701

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **DE MATTOS VIEIRA, MANOEL**
STREET ADDRESS **3191 CORAL WAY #510**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE **DIRECTOR & PRESIDENT** ☐ Change ☐ Addition
1.2 NAME **OTTORINO MARINI**
1.3 STREET ADDRESS **1501 VENERA AVE #210**
1.4 CITY - ST - ZIP **CORAL GABLES - FL 33146**

TITLE **VP**
NAME **MARINI, LINO D**
STREET ADDRESS **1401 BRICKELL AVE, STE 320**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 report was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95

6694777

Date

Signature/Printed Name