

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 MAY 30 AM 8:17

DOCUMENT # **L25116** (9)

1. Corporation Name

CARVAJAL INTERNATIONAL INC.

Principal Place of Business

**717 PONCE DE LEON BLVD.
SUITE 901
CORAL GABLES FL 33134**

Mailing Address

**901 PONCE DE LEON BLVD
SUITE 901
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/25/1989

3a. Date of Last Report

07/14/1994

4. FEI Number

06-0944313

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

21 901 PONCE DE LEON BLVD

2a. Mailing Address

26

Suite, Apt. #, etc.

22 SUITE 901

Suite, Apt. #, etc.

27

City & State

23 CORAL GABLES, FL

City & State

28

Zip

24 33134

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PIEDRAHITA, FRANCISCO
901 PONCE DE LEON BLVD.
SUITE 901
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

MARIA ELENA RUIZ

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

901 PONCE DE LEON BLVD. SUITE 901

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

Maria E. Ruiz

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

(NOTE: Registered Agent signature required when reappointing)

5/24/95

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

DC

NAME

CARVAJAL, ALBERT JOSE

STREET ADDRESS

717 PONCE DE LEON BLVD.

CITY - ST - ZIP

CORAL GABLES FL

TITLE

P

NAME

PIEDRAHITA, FRANCISCO

STREET ADDRESS

717 PONCE DE LEON BLVD.

CITY - ST - ZIP

CORAL GABLES FL

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

DC

☒ Change ☐ Addition

1.2 NAME

ALBERTO JOSE CARVAJAL

1.3 STREET ADDRESS

901 PONCE DE LEON BLVD. SUITE 901

1.4 CITY - ST - ZIP

CORAL GABLES, FL 33134

2.1 TITLE

PD

☐ Change ☒ Addition

2.2 NAME

LUIS CAMILO ALVAREZ

2.3 STREET ADDRESS

901 PONCE DE LEON BLVD. SUITE 901

2.4 CITY - ST - ZIP

CORAL GABLES, FL 33134

3.1 TITLE

SD

☐ Change ☒ Addition

3.2 NAME

JORGE HERNANDO CARVAJAL

3.3 STREET ADDRESS

901 PONCE DE LEON BLVD. SUITE 901

3.4 CITY - ST - ZIP

CORAL GABLES, FL 33134

4.1 TITLE

ASST. S.

☐ Change ☒ Addition

4.2 NAME

MARIA ELENA RUIZ

4.3 STREET ADDRESS

901 PONCE DE LEON BLVD. SUITE 901

4.4 CITY - ST - ZIP

CORAL GABLES, FL 33134

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)(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:

Maria E. Ruiz

MARIA ELENA RUIZ

5/24/95

(305) 448-6825