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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

S04906

(1)

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|-----------------|---------------|--------------|
| I FI .NI JKAVIA | INTERNATIONAL | |

| r imapa Prace of Business Mailing Address | | | | | |
|--------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 848 BRICKELL AVE. Suite 960 Miami Fl 33131 | | 848 BRICKELL AVENUE SUITE 950 MIAMI FL 33131 | | | |
| US | | US | | 3. Date incorporated or Qualified 10/04/1990 | 3a. Date of Last Report 04/03/1995 |
| 2. Principal Plac 21 348 B K | e of Business PICKELL AVE | 2a. Mailing Address 26 848 BRICK | CELL AVE | 4. FEI Number 65-0221731 | Applied For Not Applicable |
| Suitg Apt. #, | etc. E Nº 950 | Suite, Apt. #, etc. | _ | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State 23 M/A/ | | City & State 28 MiAII | | Election Campaign Financing Trust Fund Contribution | □ \$5.00 May Be |
| 24 3.342 | Country USA | ²¹⁰ 33131 | Country USA | 8. This corporation has liability for in | |
| .4] 0013 | Name and Address of Current | | 30 USA | Florida Statutes Yes 10. Name and Address of New Ro | |
| DECEM | DAI DU E | | 81 Name | ESENS, RALPH E | |
| | DESENS, RALPH E 9985 NW 51 TERRACE | | | ROCKELL AREASTE | e) Cur 950 |
| | L 33178 | | 83 | BRICKELL AVENUE | 30112 130 |
| | | | 84 City | | 85 Zip Code |
| 11. Pursuant to | the provisions of Sections 607.0502 a | and 607 1508. Florida Statutes | the above named corrors | stion cubmite this statement for the a | FL 33131 |
| Or registered | d agent, or both, in the State of Florida, and accept the obligations of, Section | t. Such change was authorize | d by the corporation's board | d of directors. I hereby accept the appo | pose of changing its registered office introduced introduced introduced introduced agent. I am |
| SIGNATURE | , was the opinion of decito | TOO 1.0303, Florida Otalidas. | | | |
| | gration, type 1 or printed manified registered agent at | | Registered Agent signature required | | DATE |
| 12. | OFFICERS AND | DELETE | 13. | ADDITIONS/CHANGES TO OFFI | |
| NAME | FIDALGO, EDWARD M | Til nereit | 1. 1 TITLE | | ☐ Change ☐ Addition |
| S1R:11 ADDRESS | 848 BRICKELL AVENUE, SUI | TF 950 | 1.2 NAME 1.3 STREET ADDRESS | | |
| City-St Zir | MIAMI FL | 12 000 | | | |
| 100 F | DV | DELETE | 1 4 CITY-ST-ZIP 2 1 TITLE | | Change Addition |
| NAMI | CAMERO, OMAR GERARDO | | 2.2 NAME | | |
| STREET ACORESS | 848 BRICKELL AVENUE, SUI | TE 950 | 2 3 STREET ADDRESS | | |
| CRY-ST-ZP | MIAMI FL | | 2 4 CITY - ST - ZIP | | |
| Ti'tE | DV | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAME | CAMERO, MARTIN N. | | 3 2 NAME | | |
| STREET ADDRESS | 848 BRICKELL AVENUE, SUI | TE 950 | 3.3. STREET ADDRESS | | |
| L-TY-ST-ZP | MIAMI FL | | 3 4 CITY - ST - ZIP | | |
| THE | STD | ☐ DELETE | 4. 1 TITLE | | ☐ Change ☐ Addition |
| NAVI | CAMERO FIDALGO, LUISA 848 BRICKELL AVENUE, SUI | TT OFA | 4.2 NAME | | |
| STREET ADDRESS | MIAMI FL | IE 800 | 4 3 STREET ADDRESS | | |
| THEE | DV | TT DELETE | 4.4 C(TY - ST - ZIP 5 1 TITLE | | |
| NAMI | CAMERO, OMAR | □ percit | 5.2 NAME | | Change Addition |
| STEEL LADORESS | 848 BRICKELL AVENUE, SUI | TF 950 | 5.3 STREET ADDRESS | | |
| CHTY - ST - ZIP | MIAMI FL | | 5 4 CITY - ST - ZIP | | |
| 1006 | DV | DELETE | 6 1 TIFLE | | Change Addition |
| NAME | DESENS, RALPH E. | | 6.2 NAME | | E |
| STREET ADDRESS | 848 BRICKELL AVENUE, SUI | TE 950 | 6.3 STREFT ADDRESS | | |
| Constant | MIAMI FL | | 64 CITY-ST-ZIP | | |
| OCHUI Y LEIGHL D | TO PROPRIED THOUSAGED OF THIS A TIMA | Testical de Subbilistrationial anni a | el tennos es tota and accurate | r the exemption stated in Section 119.0 e and that my signature shall have the s | onso longlaffact on if wands contra |
| | in) an officer or director of the corpora Block 12 or Block 12 if changed, or on | | | report as required by Chapter 607, Flor | rida Statutes; and that my name |
| SIGNATU | 700 | Elenn RINYED NAME OF SIGNING OFFICER | PAPH E. | ESENS 1-18-96 | 305-579-0258 |
| | D COMMON THEO ON P | TO HAVE OF BIGHING OFFICER | On DIRECTOR | Date | Daytime Phone # |