

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L99728** (2)
1. Corporation Name
HEAVYTECH CORP.

Principal Place of Business

Mailing Address

P.O. BOX 521672
MIAMI FL 33152

P.O. BOX 521672
MIAMI FL 33152



2. Principal Place of Business
21 **1720 CUMBERLAND POINT DRIVE**
Suite, Apt. #, etc.
22 **07**
City & State
23 **MARIETTA, GEORGIA**
Zip Country
24 **30067 9204** 25 **USA**
26 **1720 CUMBERLAND POINT DRIVE**
Suite, Apt. #, etc.
27 **07**
City & State
28 **MARIETTA, GEORGIA**
Zip Country
29 **30067 9204** 30 **USA**

3. Date Incorporated or Qualified
09/10/1990
3a. Date of Last Report
04/07/1995
4. FEI Number
65-0215124
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

9. Name and Address of Current Registered Agent

SILVA, FABIO CARVALHO
2355 NORTH BAY ROAD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name
KAREN LEOPOLD
82 Street Address (P.O. Box Number is Not Acceptable)
20801 BISCAYNE BLVD.
83
SUITE 501
84 City
AVENTURA FL 85 Zip Code
33180

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 ☒ **Karen Leopold, Reg. Agent** 7/30/96
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required on all reinstatements.) (DATE)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **D CARVALHO-SILVA, FABIO**
STREET ADDRESS **2355 NORTH BAY ROAD**
CITY-ST-ZIP **MIAMI BEACH FL**
TITLE ☐ DELETE
NAME **D CARVALHO-SILVA, MARLI D.**
STREET ADDRESS **2355 NORTH BAY ROAD**
CITY-ST-ZIP **MIAMI BEACH FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **4331 EDGEHURST DRIVE**
14 CITY-ST-ZIP **MARIETTA GA 30062**
21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **4331 EDGEHURST DRIVE**
24 CITY-ST-ZIP **MARIETTA GA 30062**
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, 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

FABIO CARVALHO-SILVA

07/29/96 (770) 612-1222

CR2E034 (3/96)