

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 JAN 23 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 540463 (7)

1. Corporation Name

MIAMI-SEVENTH CORP.

Principal Place of Business

Mailing Address

%JUAN MARTINEZ  
14250 SW 62ND STREET, UNIT #505  
MIAMI FL 33183

%JUAN MARTINEZ  
14250 SW 62ND STREET, UNIT #505  
MIAMI FL 33183

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/10/1977

3a. Date of Last Report

01/23/1995

4. FEI Number

59-1788809

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

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 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
CLO, ALFREDO  
BELO  
HORIZONTE BR

2. TITLE ☐ DELETE

NAME  
SD  
CLO, IOLE  
BELO  
HORIZONTE BR  
TO  
MARTINEZ, JUAN  
14250 SW 62 STR, UNIT 505  
MIAMI FL

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

5. TITLE ☐ DELETE

6. TITLE ☐ DELETE

7. TITLE ☐ DELETE

8. TITLE ☐ DELETE

9. TITLE ☐ DELETE

10. TITLE ☐ DELETE

11. TITLE ☐ DELETE

12. TITLE ☐ DELETE

13. TITLE ☐ DELETE

14. TITLE ☐ DELETE

15. TITLE ☐ DELETE

16. TITLE ☐ DELETE

17. TITLE ☐ DELETE

18. TITLE ☐ DELETE

19. TITLE ☐ DELETE

20. TITLE ☐ DELETE

21. TITLE ☐ DELETE

22. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

7. 1. TITLE

72 NAME

73 STREET ADDRESS

74 CITY - ST - ZIP

8. 1. TITLE

82 NAME

83 STREET ADDRESS

84 CITY - ST - ZIP

9. 1. TITLE

92 NAME

93 STREET ADDRESS

94 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-15-96 305 353 1775

CR2E034 (12/95)