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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:23

DOCUMENT # **613088** **(4)**

1. Corporation Name
FERMEL INVESTMENT CORP.

Principal Place of Business	Mailing Address
1940 SW 67 TERRACE P.O. BOX 16084 PLANTATION FL 33318	1940 SW 67 TERRACE P.O. BOX 16084 PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/15/1979
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21: 19361 N.W. 8th Street
22: Suite, Apt. #, etc.
23: City & State: Pembroke Pines
24: Zip: 33029 Country: 25

2a. Mailing Address
26: P.O. Box 820301
27: Suite, Apt. #, etc.
28: City & State: Pembroke Pines
29: Zip: 33082 Country: 30

4. FEI Number: 59-1924767 ☐ 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

MARTIN, MELCHOR
1940 S.W. 67TH TERRACE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: MELCHOR MARTIN
82 Street Address (P.O. Box Number is Not Acceptable): 19361 N.W. 8th STREET
83:
84 City: PEMBROKE PINES FL 85 Zip Code: 33029

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	MARTIN, MELCHOR	1.2 NAME	MARTIN, MELCHOR
STREET ADDRESS	1940 SW 67 TERR.	1.3 STREET ADDRESS	19361 N.W. 8th STREET
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL. 33029
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: M. Martin MELCHOR MARTIN 1/27/95 (305)433-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0433820 FP