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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F64440** (3)

1. Corporation Name
MONINVERT FINANCIAL CORPORATION

Principal Place of Business
**1500 SAN REMO AVE. SUITE 237
CORAL GABLES FL 33146-3047**

Mailing Address
**1500 SAN REMO AVE. SUITE 237
CORAL GABLES FL 33146-3047**



3. Date Incorporated or Qualified **01/25/1982** 3a. Date of Last Report **03/19/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 Suite 237 27 Suite 237

23 City & State 28 City & State

24 Zip Country 29 Zip Country
33146-3047 30 33146-3047

4. FEI Number **59-2158455** 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

**HUGHEY, BONNIE J.
1500 SAN REMO AVE #239
CORAL GABLES FL 33146-3047**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	LENHERR-TOEDTLI	
STREET ADDRESS	P.O. BOX 12, ESCHENERSTRASSE 35	
CITY-ST-ZIP	BENDERN LI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGHEY, BONNIE J.	
STREET ADDRESS	1500 SAN REMO AVE. #239	
CITY-ST-ZIP	CORAL GABLES FL 47	
TITLE	HUGHEY, BONNIE J.	<input checked="" type="checkbox"/> DELETE
NAME	1500 SAN REMO AVE. SUITE 237	
STREET ADDRESS	CORAL GABLES FL 47	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lenherr-Toedtli, Elke	
1.3 STREET ADDRESS	P.O. Box 12, Eschenerstrasse 35	
1.4 CITY-ST-ZIP	Bendern Liechtenstein	
2.1 TITLE	V/AS/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hughey, Bonnie J.	
2.3 STREET ADDRESS	1500 San Remo Ave., Suite 239	
2.4 CITY-ST-ZIP	Coral Gables, FL 33146-3047	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **4/13/97** (305) 662-9324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)