

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000490 (2)

1. Corporation Name

AVENT DE MIAMI, INC.



Principal Place of Business

Mailing Address

3701 E. COLUMBIA ST.
TUCSON AZ 85714-3411

3701 E. COLUMBIA ST.
TUCSON AZ 85714-3411

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

11-2162477

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 relisting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCCAULEY, JAMES T
STREET ADDRESS 1400 HOLCOMB BRIDGE ROAD
CITY-ST-ZIP ROSWELL GA 30076 ☐ DELETE

1.1 TITLE AT
1.2 NAME HANSEN, NICK D
1.3 STREET ADDRESS 401 NORTH LAKE STREET
1.4 CITY-ST-ZIP NEENAH, WI 54956 ☐ Change ☒ Addition

TITLE VD
NAME REIS, WILLIAM T
STREET ADDRESS 3701 E. COLUMBIA ST.
CITY-ST-ZIP TUCSON AZ 85714-3411 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME METZ, JOHN S
STREET ADDRESS 1400 HOLCOMB BRIDGE ROAD
CITY-ST-ZIP ROSWELL GA 30076 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MURRAY, DAVID R
STREET ADDRESS 1400 HOLCOMB BRIDGE ROAD
CITY-ST-ZIP ROSWELL GA 30076 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME GAMRON, W. ANTHONY
STREET ADDRESS 545 E. JOHN CARPENTER FREEWAY
CITY-ST-ZIP IRVING TX 75062 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SMITH, CYNTHIA E
STREET ADDRESS 1400 HOLCOMB BRIDGE ROAD
CITY-ST-ZIP ROSWELL GA 85714-3411 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nick D. Hansen, Assistant Treasurer

4-24-96

(414) 721-2000

Date

Daytime Phone #

CR2E034 (12/95)