

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F96313** (4)

1. Corporation Name

COMUNDI INTERNATIONAL CORPORATION



Principal Place of Business

**7100 SW 47TH STREET
SUITE B
MIAMI FL 33155
US**

Mailing Address

**7100 SW 47TH STREET
SUITE B
MIAMI FL 33155
US**

3. Date Incorporated or Qualified

08/13/1982

3a. Date of Last Report

02/21/1995

4. FEI Number

59-2222865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERDOMO, MILAGROS
999 PONCE DE LEON BLVD.
SUITE 705
CORAL GABLES FL 33134**

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 in block, last name and first initial

Signature typed or printed in block, last name and first initial

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME **HASBUN DE ZEDAN, DAISY**

12. NAME

STREET ADDRESS **10425 SW 130TH AVE**

13. STREET ADDRESS

CITY-STATE-ZIP **MIAMI, FL 00000**

14. CITY-STATE-ZIP

TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME **VEDAN, GADALA**

22. NAME

STREET ADDRESS **7100 SW 47TH STREET, STE B**

23. STREET ADDRESS

CITY-STATE-ZIP **MIAMI, FL 00000**

24. CITY-STATE-ZIP

TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY-STATE-ZIP

34. CITY-STATE-ZIP

TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY-STATE-ZIP

44. CITY-STATE-ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY-STATE-ZIP

54. CITY-STATE-ZIP

TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY-STATE-ZIP

64. CITY-STATE-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:

Daisy Miriam Hasbun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

305 6680851

DATE

Daytime Phone #

CR2E034 (12/95)