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Mar 10 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 # G10914

(1)

1. Corporation Name

TURVISA INTERNATIONAL, INC.

Principal Place of Business

% MANUEL F. LUBIAN
2140 W. FLAGLER ST
MIAMI FL 33135-1641

Mailing Address

% MANUEL F. LUBIAN
2140 W. FLAGLER ST
MIAMI FL 33135-5800

3. Date Incorporated or Qualified

11/17/1982

3a. Date of Last Report

04/08/1996

2. Principal Place of Business

21 8746 SW 72nd St.

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 Zip

25 33133

26 Country

27 Dade

2a. Mailing Address

26 8746 SW 72nd St

Suite, Apt. #, etc.

27 City & State

28 Miami FL

29 Zip

30 33133

31 Country

32 Dade

4. FEI Number

59-1575887

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

LUBIAN, MANUEL F
2140 W. FLAGLER ST
MIAMI FL

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

NAME

STREET ADDRESS

CITY - ST - ZIP

1. LUBIAN, MANUEL F.

2. 2140 W. FLAGLER ST.

3. MIAMI FL

4. ☐ DELETE

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. ☐ DELETE

10. TITLE

11. NAME

12. STREET ADDRESS

13. CITY - ST - ZIP

14. ☐ DELETE

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY - ST - ZIP

19. ☐ DELETE

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY - ST - ZIP

24. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)