

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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR 22 PM 4:18****DOCUMENT # G41240****(4)**

1. Corporation Name

DAHLIA INVESTMENTS, INC.

Principal Place of Business

**P. O. BOX 143761
CORAL GABLES FL 33114**

Mailing Address

**P. O. BOX 143761
CORAL GABLES FL 33114**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1983

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2327667

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

2. Principal Place of Business

21

2a. Mailing Address

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

**GARCIA-VIDAL, RAUL, ESQ.
MADISON CIRCLE SUITE 201
3191 CORAL WAY
MIAMI FL 33145**

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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME BERNATE, GLADYS A
STREET ADDRESS CALLE 106 N 21-18
CITY-ST-ZIP BOGOTA, COLOMBIA****1.1 TITLE** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**2.1 TITLE** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**3.1 TITLE** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**4.1 TITLE** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**5.1 TITLE** ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**6.1 TITLE** ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Gladys A Bernate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLADYS A BERNATE**March 13, 1995**

(Date)

(305) 9356859

(Telephone Number)