

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # G50847

(4)

1. Corporation Name

VARY CORPORATION

95 MAR 21 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10739 NASHVILLE DR.
COOPER CITY FL 33026

Mailing Address

10739 NASHVILLE DR.
COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/12/1983

3a. Date of Last Report
10/07/1994

4. FEI Number
59-2326387

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 N/A

2a. Mailing Address

26 N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGUDO, JOHN J.
10739 NASHVILLE DR.
COOPER CITY FL 33026

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EDUARDO, SCHLACHTER
STREET ADDRESS 4000 WILLIAMS ISLAND BLVD. #PH
CITY-ST-ZIP WILLIAMS ISLAND FL 33160

TITLE DP
NAME STORTI, SERGIO
STREET ADDRESS 3000 WILLIAMS ISLAND BLVD. #1204
CITY-ST-ZIP WILLIAMS ISLAND FL 33160

TITLE V
NAME AGUDO, JOHN J
STREET ADDRESS 10739 NASHVILLE DR.
CITY-ST-ZIP COOPER CITY FL 33026

TITLE D
NAME BASTERRECHEA, FERMIN
STREET ADDRESS 1000 WILLIAMS ISLAND BLVD. #1603
CITY-ST-ZIP WILLIAMS ISLAND FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME Edgardo Schlageter
1.3 STREET ADDRESS same
1.4 CITY-ST-ZIP

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

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

4.1 TITLE VICE PRESIDENT-DIRECTOR ☒ Change ☐ Addition
4.2 NAME Fermin Basterrechea
4.3 STREET ADDRESS same
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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)(b), 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 807, 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

3/7/95

305-436-6900