

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

**APPROVED
AND
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95 MAY -1 11 5:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF STATE

6450

DOCUMENT # G69528 (9)

FINDINGS INTERNATIONAL CORPORATION

Principal Place of Business **Office Address**

**9100 CORAL WAY
SUITE 6
MIAMI FL 33165**

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SUITE 6
MIAMI FL 33165**

3. Date of Incorporation 10/12/1983		3a. Date of Last Report 04/18/1994	
4. FEI Number 59-2355332		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 attempting to violate the Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANCHEZ, ERNESTO 814 PONCE-DE LEON BLVD. S-505 CORAL GABLES FL 33134				81. Name			
				82. Street Address (P.O. Box Numbers 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
2. NAME	ESQUIVEL, ORLANDO	1.2 NAME	
3. STREET ADDRESS	3200 COLLINS AVE U88	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	MIAMI BEACH FL	1.4 CITY, ST, ZIP	
5. TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
6. NAME	BETHART, MARTA F.	2.2 NAME	
7. STREET ADDRESS	7600 S.W. 117TH ST.	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	
9. TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
10. NAME	ESQUIVEL, FELICA	3.2 NAME	
11. STREET ADDRESS	10365 SW 11TH TERRACE	3.3 STREET ADDRESS	
12. CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		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 131.01(1)(c), Florida Statutes. I further certify that the information included 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 131, Florida Statutes, and that my name appears in Block 12 of Block 13 and changed, or on an attachment with an address.

SIGNATURE: *Orlando Esquivel* **4-18-95 (305) 225-6517**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR