

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H84116** (3)

1. Corporation Name

MFZ COMMODITIES WAREHOUSE CORPORATION



Principal Place of Business

Mailing Address

**C/O M C LEIVA
2305 N.W. 107TH AVENUE, SUITE 107
MIAMI FL 33172
US**

**C/O MARIA CAMILA LEIVA
2305 N.W. 107TH AVENUE, SUITE 107
MIAMI FL 33172
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/05/1985

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0198588

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

10. Name and Address of New Registered Agent

**LEIVA, MARIA C
2305 N.W. 107TH AVENUE
SUITE 107
MIAMI FL 33172**

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 607.0500 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 of Registered Agent

Signature of Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DS	☒ DELETE
2. NAME	SCHWARTZ, THOMAS	
3. STREET ADDRESS	2305 N.W. 107TH AVE #107	
4. CITY, ST, ZIP	MIAMI FL	
5. TITLE	DP	☐ DELETE
6. NAME	LEIVA, GERMAN	
7. STREET ADDRESS	2305 N.W. 107TH AVE #107	
8. CITY, ST, ZIP	MIAMI FL	
9. TITLE	DEV	☐ DELETE
10. NAME	LEIVA, MARIA CAMILA	
11. STREET ADDRESS	2305 N.W. 107TH AVE #107	
12. CITY, ST, ZIP	MIAMI FL	☐ DELETE
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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 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. 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:

Maria Camila Leiva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Camila Leiva, Director

February 7, 1996 (305) 591-4300 Ext.127

CR2E034 (12/95)