

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H89794 (2)

1. Corporation Name

BANLI, CORP.

Principal Place of Business

**1088 E ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**1088 E ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/12/1985

3a. Date of Last Report
04/22/1994

4. FEI Number
59-2670273

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BETANCURTH, DOLORES
3174 S.W. 23 ST.
MIAMI FL 33145**

81 Name **DOLORES BETANCURTH**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **310 E. AMELIA ST**

84 City **ORLANDO**

FL

85 Zip Code
32801

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

Dolores Betancurth **Dolores Betancurth** *Resident*

DATE

4-20-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
BETANCURTH, DOLORES
3174 S.W. 23 ST.
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BETANCURTH, GONZALO
3174 S.W. 23 ST.
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
SRETER, MARUICIO
1198 SE 145 ST
SUMMERFLOW FL** **RESIGNATION**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**PD
DOLORES BETANCURTH
310 E. AMELIA ST
ORLANDO FL 32801**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**D
GONZALO BETANCURTH
310 E. AMELIA ST
ORLANDO FL 32801**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dolores Betancurth **Dolores Betancurth**

4-20-95 **(407) 339 8099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #