

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J07647 (7)

1. Corporation Name

MINERVA OF MIAMI, INC.



Principal Place of Business

1420 S. BAYSHORE DR.  
APT. 703  
MIAMI FL 33131  
US

Mailing Address

1420 S. BAYSHORE DR.  
APT. 703  
MIAMI FL 33131  
US

3. Date Incorporated or Qualified  
03/31/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2663715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TINOCO, AIDA  
177 OCEAN LANE  
APT 913  
KEY BISCAYNE FL 33149

81

Name

TINOCO, AIDA

82

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

1420 S. Bayshore DR

83

Apt

703

84

City

Miami, Fl

FL

85 Zip Code

33131

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 officer 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 re-stating.

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

TINOCO, AIDA

STREET ADDRESS

177 OCEAN LANE #913

CITY - ST - ZIP

KEY BISCAYNE FL 33149

TITLE

~~86-~~

☒ DELETE

NAME

~~LAFORIE, GISELE~~

STREET ADDRESS

~~8930 MIRA FLORES AVE~~

CITY - ST - ZIP

~~CORAL GABLES FL 33149~~

TITLE

~~87B~~

☒ DELETE

NAME

~~LAFORIE, AIDA~~

STREET ADDRESS

~~8930 MIRA FLORES AVE~~

CITY - ST - ZIP

~~CORAL GABLES FL 33149~~

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D, P, T, S

☒ Change

☐ Addition

1.2 NAME

TINOCO, AIDA

1.3 STREET ADDRESS

1420 S. Bayshore Dr., Ap 703

1.4 CITY - ST - ZIP

Miami, Fl.,

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

DELETE

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

DELETE

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

800001804128

05/02/96 01002-028

\*\*\*200.00

☐ 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 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; 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
AIDA TINOCO

April 19, 1996

Date

Daytime Phone #

CR2E034 (12/95)