

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:53

DOCUMENT # J48665

(0)

1. Corporation Name

GUAIRE, INC.

Principal Place of Business

BAROUH. PERERA & ASSOCIATES
48 EAST FLAGLER ST., STE 368
CORAL GABLES FL 33131

Mailing Address

BAROUH. PERERA & ASSOCIATES
48 EAST FLAGLER ST., STE 368
CORAL GABLES FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1986

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2756614

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, STEVEN A.
2 SOUTH BISCAYNE BLVD
SUITE 3400 - ONE BISCAYNE TOWER
MIAMI FL 33131

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 of Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SISO, CARLOS P.
STREET ADDRESS	APARTADO 2320
CITY, ST, ZIP	CARACAS, VENEZUELA
TITLE	D
NAME	DE SISO, PILAR C.
STREET ADDRESS	APARTADO 2320
CITY, ST, ZIP	CARACAS, VENEZUELA
TITLE	D
NAME	DE ZULOAGA, ANABELLA S.
STREET ADDRESS	APARTADO 2320
CITY, ST, ZIP	CARACAS, VENEZUELA
TITLE	VD
NAME	SCHULTZ, STEVEN A.
STREET ADDRESS	2 S BISCAYNE BLVD SUITE 3400
CITY, ST, ZIP	MIAMI FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 person or persons 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Schultz

1/13/95

Date

305-376-4105

Telephone Number