

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 14 PM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K10952

(5)

1. Corporation Name

AMECARIB LONGVIEW, INC.

Principal Place of Business

Mailing Address

C/O KAUFMAN, ROSSIN & CO.
2699 SO. BAYSHORE DRIVE
MIAMI FL 33133

C/O KAUFMAN, ROSSIN & CO.
2699 SO. BAYSHORE DRIVE
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/06/1988

3a. Date of Last Report

06/23/1994

4. FBI Number

65-0145219

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRA, MIGUEL G ESQ.
2699 SOUTH BAYSHORE DRIVE
FIFTH FLOOR
MIAMI FL 33133

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, typed or printed name of registered agent and the applicant.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME MAURY, MARIA EUGENIA
STREET ADDRESS 2475 SO. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL

1.1 TITLE DPTS ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 141 East 72nd Street
1.4 CITY-ST-ZIP New York, New York 10021

TITLE ~~xx~~
NAME ~~xx~~ RODRIGUEZ, MARIA
STREET ADDRESS ~~xx~~ 2475 SO. BAYSHORE DRIVE
CITY-ST-ZIP ~~xx~~ MIAMI FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS ~~xx~~ 141 East 72nd Street
2.4 CITY-ST-ZIP ~~xx~~ New York, New York 10021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 190.07(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 007, 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 BOARD OFFICER OR DIRECTOR

Feb-3-95 20-4390130