

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K10952

(5)

1. Corporation Name

AMECARIB LONGVIEW, INC.

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified

01/06/1988

3a. Date of Last Report

02/14/1995

4. FEI 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

State, Apt. #, etc.

State, 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 of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

Signature

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

DPTS
MAURY, MARIA EUGENIA
141 EAST 72ND STREET
NEW YORK NE

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE

☐ DELETE

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

Signature

(305) 858-5600

CR2E034 (12/95)