

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

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95 FEB 28 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **K13167** (7)

1. Corporation Name  
**MONTENAY INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**3225 AVIATION AVE 4TH FL MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/28/1988** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **65-0110005** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of Now Registered Agent**

FLORIDA REGISTERED AGENTS, INC.  
100 SOUTHEAST 2ND STREET  
SUITE 3600  
MIAMI FL 33131-2130

81 Name **National Corporate Research, Ltd.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1406 Hays Street, Suite 2**  
83  
84 City **Tallahassee** FL 85 Zip Code **32301**

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]* DATE **2/28/95**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **CD**  
NAME **ELIA, CLAUDIO**  
STREET ADDRESS **3225 AVIATION AVE, 4 FLOOR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **PD**  
NAME **PORTUONDO, JUAN M**  
STREET ADDRESS **3225 AVIATION AVE, 4 FLOOR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD**  
NAME **PASSAGE, STEPHEN S**  
STREET ADDRESS **3225 AVIATION AVE, 4 FLOOR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD**  
NAME **MORTON, THOMAS A R**  
STREET ADDRESS **3225 AVIATION AVE, 4 FLOOR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V**  
NAME **TOWNSEND, STEVE H**  
STREET ADDRESS **3225 AVIATION AVE, 4 FLOOR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **STD**  
NAME **MOZIAN, GERARD P**  
STREET ADDRESS **3225 AVIATION AVE, 4 FLOOR**  
CITY-ST-ZIP **MIAMI FL**

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

**200001419172**  
**-03/02/95--01046--019**  
**\*\*\*\*200.00 \*\*\*\*200.00**

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)(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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Gerard P. Mozian** 02/24/95 (305) 854-2229