

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K26485** (8)

1. Corporation Name

RANDSMAR CORPORATION



Principal Place of Business

**1110 BRICKELL AVENUE
313
MIAMI FL 33131
US**

Mailing Address

**2333 PONCE DE LEON BLVD.
650
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
06/17/1988

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21 251 Royal Palm Way

2a. Mailing Address

26 251 Royal Palm Way

4. FEI Number

65-0055485

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 602

Suite, Apt. #, etc.

27 Suite 602

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 Palm Beach, FL

City & State

28 Palm Beach FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 33480

Country

25 Palm Beach

Zip

29 33480

Country

30 US

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

**IGNACIO G. DEL VALLE
2333 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES FL 33134**

81 Name
Mario G. de Mendoza, III

82 Street Address (P.O. Box Number is Not Acceptable)
251 Royal Palm Way

83 Suite 602

84 City
Palm Beach

FL

85 Zip Code
33480

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 provisions of, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FREYRE, FABIO
1110 BRICKELL AVE., SUITE 313
MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDT
MARTI, MANUEL
1110 BRICKELL AVE #313
MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**VDT
Mahfud, Armando
1110 Brickell Ave., #313
Miami, FL**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DEL VALLE, IGNACIO G.
2333 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**S
de Mendoza, Mario G., III
251 Royal Palm Way, #602
Palm Beach FL**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**200001753742
-03/22/96--01012--022
***200.00**
☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

Date

(407) 659-1111

Daytime Phone #

CR2E034 (12/95)