FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 14 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K32146** **(8)**

1. Corporation Name
AVONTON CORPORATION, INC.

Principal Place of Business	Mailing Address
% PEDRO A. MARTIN 701 BRICKELL AVENUE, 16TH FLOOR MIAMI FL 33131-2822	% PEDRO A. MARTIN 701 BRICKELL AVENUE, 16TH FLOOR MIAMI FL 33131-2822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1988
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Leonardo Gravier, CPA	26 c/o Leonardo Gravier, CPA
Suite, Apt. #, etc. 22 999 Ponce de Leon Blvd., #500	Suite, Apt. #, etc. 27 999 Ponce de Leon Blvd., #500
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip / Country 24 33134 / 25 USA	Zip / Country 29 33134 / 30 USA

4. FEI Number: 98-0060633 ☐ 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

9. Name and Address of Current Registered Agent

MARTIN, PEDRO A.
701 BRICKELL AVENUE
16TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Martin, Pedro A. Esquire
82 Street Address (P.O. Box Number is Not Acceptable): Greenberg Traurig
83: 1221 Brickell Avenue
84 City: Miami FL 85 Zip Code: 33131

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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, JOSE DEL	12 NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD.	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, PEDRO DEL	22 NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD.	23 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
TITLE	DVS	31 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, JUAN CARLOS D.	32 NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD.	33 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, JOSE M.	42 NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD.	43 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 119.07(3)(i), 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: JOSE DEL CASTILLO — APRIL, 30, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120693 CP