

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:15

DOCUMENT # K35778

(5)

1. Corporation Name

AUGUST INVESTMENTS, INC.

Principal Place of Business

1717 N. BAYSHORE DRIVE
UNIT 3950
MIAMI FL 33146
US

Mailing Address

4960 SW 72ND AVENUE
SUITE #204
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1988

3a. Date of Last Report

08/15/1994

4. FEI Number

65-0114580

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

28

Country

29

Country

30

USA

9. Name and Address of Current Registered Agent

LEIVA, ROLANDO E. CPA P
4960 SW 72ND AVENUE
SUITE #204
MIAMI FL 33155

10. Name and Address of New Registered Agent

B1

Name

B2

Street Address (P.O. Box Number is Not Acceptable)

B3

B4

City

State

Zip Code

MIAMI

FL

33155

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 title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DT
DE OLIVA, JOSE MARIO TAV
1501 VENERA AVE #240
CORAL GABLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS
DE OLIVA, LUIZ ROBERTO C
1501 VENERA AVE #240
CORAL GABLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
DEOLIVA, LUIZ FERNANDO
1501 VENERA AVE #240
CORAL GABLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ 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)(b), Florida Statutes. I further certify that the information included 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; that the corporation is 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 in an attachment with an address.

SIGNATURE: x

Signature and typed or printed name of signing officer or director

Date

Signature Please #