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

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K93475** **(7)**

1. Corporate Name
VARIETY FANTASY, INC.

Principal Place of Business
% MARIO ALVAREZ
11601 SW 184 ST
MIAMI FL 33157

Mailing Address
% MARIO ALVAREZ
11601 SW 184 ST
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/07/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City, State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City, State
29 Zip 30 Country

4. FEI Number: **23-0634685** — 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 paid, or intends to pay under S. 607.0202 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALVAREZ, MARIO
11601 SW 184 ST
MIAMI FL 33157

10. Name and Address of New Registered Agent

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 607.0501 and 607.0505 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, thereby the appointment as registered agent has been accepted by the designee named herein. Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TITLE CHANGES AND DELETIONS
Title	PDST	☐ Change ☐ Add/Delete
Name	ALVAREZ, MARIO	
Street Address	11601 SW 184 ST	
City, State, Zip	MIAMI FL	
Title	STD	☐ Change ☐ Add/Delete
Name	ALVAREZ, GUILLERMO L.	
Street Address	11601 SW 184TH ST.	
City, State, Zip	MIAMI FL	
Title		☐ Change ☐ Add/Delete
Name		
Street Address		
City, State, Zip		
Title		☐ Change ☐ Add/Delete
Name		
Street Address		
City, State, Zip		
Title		☐ Change ☐ Add/Delete
Name		
Street Address		
City, State, Zip		
Title		☐ Change ☐ Add/Delete
Name		
Street Address		
City, State, Zip		

14. I hereby certify that the information supplied with this filing, and to the best of my knowledge, believe, and belief, is true, complete, and accurate. I further certify that the information contained in the 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 other person authorized to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of Chapter 607 and all amendments and all updates.

SIGNATURE: 4-26-95 378-4914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0170204 CP