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 # **L00444** **(4)**

1. Corporation Name:

FLFZ, INC.

Principal Place of Business:

% STEPHEN A. FREEMAN
520 BRICKELL KEY DR. STE 305
MIAMI FL 33131

Mailing Address:

% STEPHEN A. FREEMAN
520 BRICKELL KEY DR. STE 305
MIAMI FL 33131

3. Date Incorporated or Qualified: **07/07/1989**

3a. Date of Last Report: **04/12/1995**

4. FEI Number: **65-0130653**

☐ 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

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

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

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

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A.
520 BRICKELL KEY DR
SUITE 305
MIAMI FL 33131

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 Section 607.0505 and 617.1505, 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. The street address of the registered office and the name and address of the registered agent of the corporation as changed, will be identical to the street address of the registered office and the name and address of the registered agent of the corporation as maintained on the records of the Department of State. The corporation hereby authorizes the Department of State to change the registered office and registered agent of the corporation as set forth in this statement. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MORENO, MODESTO A.		12 NAME	
STREET ADDRESS	520 BRICKELL KEY DR #305		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CHALHOUB, ANTONIO		22 NAME	
STREET ADDRESS	520 BRICKELL KEY DR 305		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CARVALLO, PABLO		32 NAME	
STREET ADDRESS	520 BRICKELL KEY DR 305		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, STEPHEN A.		42 NAME	
STREET ADDRESS	520 BRICKELL KEY DR #305		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied in this report, including any attached, 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 report or supplemental attachment 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 of changed, or on an attached report with the address.

SIGNATURE: Pablo Carvallo PABLO CARVALLO 3/26/96 954-761 8492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #