

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

57 MAY -1 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06591

(6)

1. Corporation Name

AVON HOLDINGS, INC.

Principal Place of Business

Mailing Address

C/O OWEN S. FREED  
2200 MUSEUM TOWER, 150 W. FLAGLER STREET  
MIAMI FL 33130

C/O OWEN S. FREED  
2200 MUSEUM TOWER, 150 W. FLAGLER STREET  
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/02/1989

3a. Date of Last Report  
02/16/1994

4. FEI Number  
65-0133946

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. 190.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREED, OWEN S.  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130

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 607.0502 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 their address

Signature typed or printed name of new registered agent and their address

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1

NAME

DS  
FREED, OWEN S.  
150 W. FLAGLER, #2200  
MIAMI FL

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

P  
LAMALETTO, CAMILO  
150 FLAGLER ST  
MIAMI FL

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

V  
LAMALETTO, GAETANO  
140 W FLAGLER ST  
MIAMI FL

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and equally for this statement stated in the laws of the State of 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 or the receiver or trustee appointed to care for the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of change, or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Owen S. Freed

5/1/95

305-  
(789-2456)