

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**

65 MAY -1 PM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07396 (9)

1. Corporation Name

FINOTEX U.S.A. CORP.

Principal Place of Business

Mailing Address

**6942 N.W. 50TH ST.
MIAMI FL 33166**

**6942 N.W. 50TH ST.
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1989

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

2665 So. Bayshore Drive

27

Suite, Apt. #, etc.

28

Suite 902

29

City & State

30

Miami, Florida

31

Zip

32

33133

Country

USA

4. FEI Number

65-0135546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**ORTIZ, MICHAEL
2665 S. BAYSHORE DR.
SUITE 902
MIAMI FL 33133**

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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SLEBI, CARLOS YIDI
STREET ADDRESS	6942 N.W. 50TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	DVP
NAME	QUINTERO, ANDRES YIDI
STREET ADDRESS	6942 N.W. 50TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	DVP
NAME	QUINTERO, CARLOS YIDI
STREET ADDRESS	6942 N.W. 50TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	DST
NAME	QUINTERO, WILLIAM YIDI
STREET ADDRESS	6942 N.W. 50TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(2)(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 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, with an attachment with an address.

SIGNATURE:

William Yidi

WILLIAM YIDI QUINTERO, SECRETARY

4/25/95

(305) 470-2400

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.