

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

APPROVED
AND
FILED

95 JAN 20 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L29794 (9)

1. Corporation Name

VOGMAR, INC.

Principal Place of Business

1040 SW 1 STREET
MIAMI FL 33130
US

Mailing Address

1036 SW 1ST ST.
MIAMI BEACH FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/13/1989

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

21 1036 S.W. 1 ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0198442

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

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICE
1036 SW 1ST ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

FLORIDA ANNUAL REPORT SERVICES, INC.

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

1036 S.W. 1 ST.

83

84 City

MIAMI

FL

85 Zip Code

33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Amada C. Lopez, Pres.

DATE

Jan 17/95

Signature, typed or printed name of registering agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE DS
NAME KEIHNER, BRUCE W
STREET ADDRESS 251 ROYAL PALM WAY STE 601
CITY-ST-ZIP PALM BCH FL 33480

TITLE PD
NAME BUCKREUS, GERDI
STREET ADDRESS 1040 SW FIRST STREET
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME CANTERA, AMADA LOPEZ
STREET ADDRESS 1036 SW 1 ST.
CITY-ST-ZIP MIAMI FL 33130

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

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 indicated 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, or on an attachment with an address.

SIGNATURE:

Amada Lopez-Cantera

1/17/95

Date

Typed Name