

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L38826 (8)

1. Corporation Name

COMERCIALIZADORA DE FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O ANA MARIA ANGULO
2151 S. LEJEUNE ROAD, #310
CORAL GABLES FL 33134
US

C/O ANA MARIA ANGULO
2151 S. LEJEUNE ROAD, #310
CORAL GABLES FL 33134
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/21/1989

3a. Date of Last Report

02/06/1995

4. FEI Number

65-0194632

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. 193.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

ANGULO, ANA MARIA
2151 S. LEJEUNE RD.
SUITE 310
CORAL GABLES FL 33134

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 or director

Signature typed or printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MARCO, LUIS
2151 S. LEJEUNE RD. #310
CORAL GABLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11

TITLE

12

NAME

13

STREET ADDRESS

14

CITY-ST-ZIP

21

TITLE

22

NAME

23

STREET ADDRESS

24

CITY-ST-ZIP

31

TITLE

32

NAME

33

STREET ADDRESS

34

CITY-ST-ZIP

41

TITLE

42

NAME

43

STREET ADDRESS

44

CITY-ST-ZIP

51

TITLE

52

NAME

53

STREET ADDRESS

54

CITY-ST-ZIP

61

TITLE

62

NAME

63

STREET ADDRESS

64

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Daytime Phone #

CR2E034 (12/95)