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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L38913 (4)**

**1. Corporation Name  
FLOATING FORMALS, INC.**

**Principal Place of Business Mailing Address  
8444 SW 8 ST 8444 SW 8 ST  
MIAMI FL 33144 MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 12/21/1989 3a. Date of Last Report 03/14/1994**  
**4. FEI Number 65-0185674 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**  
**7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No**

**2. Principal Place of Business 2a. Mailing Address**  
**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**  
**22 City & State 27 City & State**  
**23 Zip Country 28 Zip Country**  
**24 25 29 30**

**9. Name and Address of Current Registered Agent**  
**PIEDRA, MANUEL A.  
8444 SW 8TH ST  
26TH FLOOR  
MIAMI FL 33144**

**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 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 (if applicable) (NOTE: Registered Agent signature required when re-registering) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEDRA, MANUEL H.	1.2 NAME	
STREET ADDRESS	8444 SW 8 ST	1.3 STREET ADDRESS	
CITY-ST- ZIP	MIAMI FL	1.4 CITY-ST- ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEDRA, MANUEL A.	2.2 NAME	VP
STREET ADDRESS	8444 SW 8 ST	2.3 STREET ADDRESS	Piedra, Manuel A.
CITY-ST- ZIP	MIAMI FL	2.4 CITY-ST- ZIP	8444 SW 8 ST MIAMI, FL. 33144
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEDRA, OLGA	3.2 NAME	
STREET ADDRESS	8444 SW 8 ST	3.3 STREET ADDRESS	
CITY-ST- ZIP	MIAMI FL	3.4 CITY-ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	T
STREET ADDRESS		4.3 STREET ADDRESS	Cristina Piedra
CITY-ST- ZIP		4.4 CITY-ST- ZIP	8444 SW 8 ST MIAMI, FL. 33144
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	Miriam Piedra
CITY-ST- ZIP		5.4 CITY-ST- ZIP	8444 SW 8 ST MIAMI, FL. 33144
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST- ZIP		6.4 CITY-ST- ZIP	

**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 110.07(3)(k), 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:** *[Signature]* Manuel A. Piedra 4/11/95 (305) 227-1109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone