

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 12:14

DOCUMENT # **L63450** (5)

1. Corporation Name
QUIMERA INC.

Principal Place of Business
**C/O MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE, SUITE 700
MIAMI FL 33126**

Mailing Address
**C/O MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE, SUITE 700
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/04/1990

3a. Date of Last Report
08/19/1994

4. FEI Number
65-0245205

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALVANI, PEDRO PABLO
STREET ADDRESS	5200 BLUE LAGOON DR.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	CALVANI, LUISA
STREET ADDRESS	5200 BLUE LAGOON DR.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CALVANI, FRANCISCO J.
STREET ADDRESS	5200 BLUE LAGOON DR.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CALVANI, MARIA
STREET ADDRESS	5200 BLUE LAGOON DR.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CALVANI, MARIA ISABEL
STREET ADDRESS	5200 BLUE LAGOON DR.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2. 1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. 1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. 1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. 1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. 1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 from 110.07(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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. This report 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. Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed by an attachment with an address.

SIGNATURE:

Pedro Pablo Calvani
Pedro Pablo Calvani

SIGNATURE AND EXACT OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

Isbn

Exemption 1 Year #