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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # M06514

1. Corporation Name

FAMARIS CORPORATION

Principal Place of Business / Mailing Address

6801 N.W. 77 AVENUE
SUITE 407
MIAMI, FL 33166-2849

3. Date Incorporated or Qualified: OCTOBER 16, 1994
3a. Date of Last Report: APRIL 25, 1995

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

4. FEI Number: 59-2514115 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

MARIO R. RIVERO
6801 N.W. 77 AVENUE
SUITE 407
MIAMI, FL 33166-2849

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 _____ DATE _____
Signature, typed or printed name of registered agent (if different from above) (NOTE: Registered Agent's signature required when necessary.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/T MARIO R. RIVERO 6801 N.W. 77 AVENUE STE. 407 MIAMI, FL 33166-2849 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V.P. MARIO R. RIVERO JR. 4017 S.W. 10 STREET MIAMI, FL 33166-2849 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D/S NEREIDA O. MAJOR 7641 TAHITI LANE APT. 105 LAKE WORTH, FL 33467 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D/V.S. MARIA A. RIVERO 8856 S.W. 5TH. STREET MIAMI, FL 33174-2471 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	200001808612 -05/06/96--01025--008 ***200.00 ☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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 13 above, if applicable, or on an attachment with an address.

SIGNATURE: _____ MARIO R. RIVERO 04/25/96 (305) 883-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-25-96