

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 11 1995

DOCUMENT # M19565 (4)

1. Corporation Name

EXFI INTERNATIONAL CORPORATION

Principal Place of Business

8383 NW 66TH ST
MIAMI FL 33166

Mailing Address

8383 NW 66TH ST
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2569812

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. 190.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

ARCHE, MARIO PEREZ
807 S.W. 25TH AVE., SUITE 201
MIAMI FL 33125

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 title if applicable

(NOTE: Registered Agent signature required when maintaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DV

NAME

CABALLERO, JOSE ANGEL

STREET ADDRESS

8383 NW 66TH ST.

CITY - ST - ZIP

MIAMI FL

TITLE

DV

NAME

MANZANO, GONZALO

STREET ADDRESS

8383 NW 66TH ST.

CITY - ST - ZIP

MIAMI FL

TITLE

P

NAME

CABALLERO, MARIA

STREET ADDRESS

8383 NW 66TH ST.

CITY - ST - ZIP

MIAMI FL

TITLE

S

NAME

ESPINOZA, ROSA MARIA

STREET ADDRESS

8383 NW 66TH ST.

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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, as changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95

(805) 593-0066

Date

Telephone Number