

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 # **M27781** (7)

1. Corporation Name
FLOHOLDINGS, INC.



Principal Place of Business

**2 ALHAMBRA PLAZA
1202
CORAL GABLES FL 33134
US**

Mailing Address

**2 ALHAMBRA PLAZA
1202
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
02/21/1986

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-2736410

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

9. Name and Address of Current Registered Agent

**ALHAMBRA REGISTERED AGENTS
2 ALHAMBRA PLAZA, SUITE 1202
PENTHOUSE
CORAL GABLES FL 33134**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LASSER, MARSHALL**
STREET ADDRESS **2 ALHAMBRA PLAZA STE 1202**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE
NAME **WINTER, JOHN**
STREET ADDRESS **2 ALHAMBRA PLAZA STE 1202**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **DV** ☐ DELETE
NAME **SIMMONS, MAE**
STREET ADDRESS **2 ALHAMBRA PLAZA STE 1202**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE
NAME **KARP, JOEL J.**
STREET ADDRESS **2 ALHAMBRA PLAZA STE 1202**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **P** ☐ DELETE
NAME **ISAZA, LUIS FERNANDO**
STREET ADDRESS **2 ALHAMBRA PLAZA STE 1202**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **TAS** ☐ DELETE
NAME **CRUZ, GLORIA**
STREET ADDRESS **2 ALHAMBRA PLAZA STE 1202**
CITY- ST- ZIP **CORAL GABLES FL**

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 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/10/96 (305) 543-0359

Date

Daytime Phone #

CR2E034 (12/95)