

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # M60271 (7)

1. Corporation Name

SAFEPORT HOLDINGS CORP.

Principal Place of Business

% MURAI, WALD, BIONDO, MATTHEWS & MORENO
900 INGRAHAM BLDG. 25 S.E. 2ND AVE.
MIAMI FL 33131

Mailing Address

% MURAI, WALD, BIONDO, MATTHEWS & MORENO
900 INGRAHAM BLDG. 25 S.E. 2ND AVE.
MIAMI FL 33131

3. Date Incorporated or Qualified 10/06/1987 3a. Date of Last Report 05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

888 Brickell Avenue

Suite, Apt. #, etc.

27

6th Floor

City & State

28

Miami, FL

29

33131

30

USA

4. FEI Number 65-0076288

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

MURAI, WALD, BIONDO, MATTHEWS & MORENO
900 INGRAHAM BLDG
25 S.E. 2ND AVE.
MIAMI FL 33131

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 the corporation)

NOTE: Registered Agent Signature Required for Certain Filings

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPS
ORTEGA, JORGE
900 INGRAHAM BLDG.
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP
ORTEGA, GUSTAVO
900 INGRAHAM BLDG.
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP
ORTEGA, LUIS ALBERTO
25 SE 2ND AVENUE #900
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied in 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 filing and/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; and that 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 I am registered with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A. Ortega

4/29/96

(305) 377-0309

CR2E034 (12/95)