

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M63262 (3)

1. Corporation Name

LAVENDI, INC.

Principal Place of Business

Mailing Address

**4965 SW 74TH COURT
MIAMI FL 33155
US**

**C/O PENINSULA REGISTERED AGENTS, INC
200 S. BISCAYNE BLVD. -
PENTHOUSE, FEE NO. 15872-87
MIAMI FL 33131-1800
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/04/1987

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0016271

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

2a. Mailing Address

26

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

Ste 4800

City & State

City & State

23

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS, INC.

200 S.E. FIRST STREET

PENTHOUSE, FEE NO. 15872-87

MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Boulevard

83 **Ste 4800**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

QUINONEZ, YVONNE M.

STREET ADDRESS

4965 S.W. 74TH COURT

CITY - ST - ZIP

MIAMI FL

TITLE

P

NAME

QUINONEZ-MEZA, FERNANDO

STREET ADDRESS

4965 S.W. 74TH COURT

CITY - ST - ZIP

MIAMI FL

TITLE

VST

NAME

SOL, CONSTANZA M.

STREET ADDRESS

4965 S.W. 74TH COURT

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

MIAMI FL 33155

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

MIAMI FL 33155

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

MIAMI FL 33155

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**D
JAVIER A. SOL
4965 S.W. 74th Ct
MIAMI FL 33155**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(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 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95

315-665-2111