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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:58

DOCUMENT # **M86689** **(0)**

1. Corporation Name
FORMENTOR, INC.

Principal Place of Business	Mailing Address
% JOSE ANTONIO GARCIA 11020 NORTH KENDALL DRIVE, SUITE 200 MIAMI FL 33176	% JOSE ANTONIO GARCIA 11020 NORTH KENDALL DRIVE, SUITE 200 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/23/1988**
3a. Date of Last Report: **04/21/1994**

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

4. FEI Number: **65-0071419** ☐ 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	10. Name and Address of New Registered Agent
GARCIA, JOSE ANTONIO 11020 NORTH KENDALL DRIVE SUITE 200 MIAMI FL 33176	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 _____ (Typed or printed name(s) of registered agent or title of officer) (NOTE: Registered Agent Signature required when applicable.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D P	11 TITLE		☐ Change ☐ Addition
NAME	GARCIA, JOSE ANTONIO	12 NAME		
STREET ADDRESS	11020 N. KENDALL DR 200	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP		
TITLE	VST D	21 TITLE		☐ Change ☐ Addition
NAME	GARCIA, ENRIQUE A	22 NAME		
STREET ADDRESS	11020 N KENDALL DR, 200	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE		31 TITLE	DV	☐ Change ☒ Addition
NAME		32 NAME	GARCIA, VICENTE, JR.	
STREET ADDRESS		33 STREET ADDRESS	11020 N. KENDALL DR., 200	
CITY ST ZIP		34 CITY ST ZIP	MIAMI, FL.	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ENRIQUE A. GARCIA 3/10/95 (305) 196-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #