

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 # 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current 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

3. Date Incorporated or Qualified

06/23/1988

3a. Date of Last Report

03/28/1995

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. 193.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 then applicable

Printed Name of Agent (if new agent, then applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
GARCIA, JOSE ANTONIO
STREET ADDRESS
11020 N. KENDALL DR 200
CITY-ST-ZIP
MIAMI FL

2. TITLE ☐ DELETE

NAME
GARCIA, ENRIQUE A
STREET ADDRESS
11020 N KENDALL DR, 200
CITY-ST-ZIP
MIAMI FL

3. TITLE ☐ DELETE

NAME
GARCIA, VICENTE J
STREET ADDRESS
11020 N KENDALL DR., #200
CITY-ST-ZIP
MIAMI FL

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME
32 STREET ADDRESS
33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME
42 STREET ADDRESS
43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 CITY-ST-ZIP

7. TITLE ☐ Change ☐ Addition

71 NAME
72 STREET ADDRESS
73 CITY-ST-ZIP

8. TITLE ☐ Change ☐ Addition

81 NAME
82 STREET ADDRESS
83 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 (changed or on an attachment) with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRIQUE A. GARCIA

4/1/96 (305) 596-9696

CR2E034 (12/95)