

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **N46489** (3)

1. Corporation Name

F.A.I.D.S., INC.



Principal Place of Business

Mailing Address

3971 S.W. 8TH STREET  
SUITE 201  
CORAL GABLES FL 331343971 S.W. 8TH STREET  
SUITE 201  
CORAL GABLES FL 33134-29503. Date Incorporated or Qualified  
12/17/19913a. Date of Last Report  
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0308118

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. 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

IGLESIAS, MARIA  
3971 S.W. 8TH STREET  
SUITE 201  
CORAL GABLES FL 33134

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME OROZCO, LUCIA  
STREET ADDRESS 3971 SW 8TH ST., #201  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE PD  
NAME FERNANDEZ, GIL  
STREET ADDRESS 3971 SW 8TH ST., #201  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME IGLESIAS, MARIA  
STREET ADDRESS 3971 SW 8TH ST., #201  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE T  
NAME GRANA, JOSE  
STREET ADDRESS 3971 SW 8TH ST., #201  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S  
NAME BORGES, JORGE  
STREET ADDRESS 3971 S.W. 8TH STREET, #201  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE C  
NAME FRAGA, LAZARO  
STREET ADDRESS 3971 S.W. 8TH STREET, #201  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 617, 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

Date

Daytime Phone # 0027101

CR2E037 (9/96)