

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 AM 11:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P10862 (1)

1. Corporation Name

**GULF SOUTH CENTER CONDOMINIUM NO. FIVE INVESTMEN
T N.V.**

Principal Place of Business

**% FIDINAM INVESTMENT CONSULTING, INC.
11811 N. FREEWAY, #630
HOUSTON TX 77060**

Mailing Address

**% FIDINAM INVESTMENT CONSULTING, INC.
11811 N. FREEWAY, #630
HOUSTON TX 77060**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

98-0086490

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 11811 North Freeway

2a. Mailing Address

26 11811 North Freeway

Suite, Apt. #, etc.

22 Suite 300

Suite, Apt. #, etc.

27 Suite 300

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME RUSCA, FAUSTO
STREET ADDRESS VIAG B PIODA 14
CITY - ST - ZIP LUGANO, SWITZERLAND**

**TITLE VD
NAME PERSON TRUST (CURACAO)
STREET ADDRESS 6 JOHN B. GORSIRAWEG
CITY - ST - ZIP CURACAO, NA**

**TITLE M
NAME TOMBARI, MICHAEL G
STREET ADDRESS 11811 N FREEWAY #630
CITY - ST - ZIP HOUSTON TX**

**TITLE M
NAME HATFIELD, KENNETH L
STREET ADDRESS 11811 N FREEWAY #630
CITY - ST - ZIP HOUSTON TX**

**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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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

**11811 North Freeway, #300
Houston, Texas 77060**

**11811 North Freeway, #300
Houston, Texas 77060**

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 if changed, or on an attachment with an address.

SIGNATURE: Michael G. Tombari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/91

Date

(713) 820-0747

Daytime Phone #