

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:56

DOCUMENT # P25747

(7)

1. Corporation Name

BITOR AMERICA CORPORATION

Principal Place of Business

5100 TOWN CENTER CIRCLE
STE. 450
BOCA RATON FL 33486

Mailing Address

5100 TOWN CENTER CIRCLE
STE. 450
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/22/1989

3a. Date of Last Report

03/10/1994

4. FEI Number

58-1854914

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	ZEMELLA, JORGE
STREET ADDRESS	APARTADO 3470
CITY- ST- ZIP	CARACAS, VENEZUELA
TITLE	P
NAME	ABOUHAMAD, ENMAD
STREET ADDRESS	2075 W. MANDELLA PLACE
CITY- ST- ZIP	BOCA RATON, FL
TITLE	D
NAME	QUINTERO, HORACIO
STREET ADDRESS	APARTADO 3470
CITY- ST- ZIP	CARACAS, VENEZUELA
TITLE	V
NAME	HERNANDEZ-CARSTENS, EDU.
STREET ADDRESS	3498 PINEHAVEN CIR
CITY- ST- ZIP	BOCA RATON FL
TITLE	V
NAME	MEDINA, CARLOS
STREET ADDRESS	21920 HOLLEY TREE WAY
CITY- ST- ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	Juan J. Pulgar
2.3 STREET ADDRESS	5501 N. Military Trail #109
2.4 CITY- ST- ZIP	Boca Raton, FL 33496
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
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)(g), 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:

E. Hernandez-Carstens
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-95

407-392-0026

Date

Telephone Number