

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 # **P35927** (3)

1. Corporation Name

FENNVILLE HOLDINGS, LIMITED COMPANY



Principal Place of Business

**801 BRICKELL AVENUE
STE 1301
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE
STE 1301
MIAMI FL 33131**

2. Principal Place of Business

21 **701 Brickell Avenue**

Suite, Apt. #, etc.

22 **Suite 850**

City & State

23 **Miami, Florida**

Zip

24 **33131**

Country

25 **USA**

2a. Mailing Address

26 **701 Brickell Avenue**

Suite, Apt. #, etc.

27 **Suite 850**

City & State

28 **Miami, Florida**

Zip

29 **33131**

Country

30 **USA**

3. Date Incorporated or Qualified
10/15/1991

3a. Date of Last Report
04/27/1995

4. FET Number

NOT APPLICABLE

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

**SULLIVAN, JOHN S
801 BRICKELL AVENUE
SUITE 1301
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue

83 Suite 850

84 City
Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 of Principal Registered Agent or Agent of the Corporation

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

**D
WORLDWIDE CORP. SER.,INC
P.O. BOX 71 N/A
ROAD TOWN, TORT, BV**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

**P
MANSFIELD, ABDEL
AVE. FEDERICO BOYD 33
PANAMA 1, PANAMA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

**S
LEDEZMA, HERIBERTO
AVE. FEDERICO BOYD EE
PANAMA 1, PANAMA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100001878231

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*****2475.00**

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 registered 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 of this report, or on an attachment with an address.

SIGNATURE: **Abdiel Mansfield/President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96 (305) 381-8340

Date

Office Phone #

CR2E034 (12/95)