

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

PROFIT
CORPORATION
ANNUAL REPORT



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

19963-1596 B-2274 C

DOCUMENT # P92000003210 (1)

1. Corporation Name

CROSSWELL INTERNATIONAL CORPORATION



Principal Place of Business

1325 N.W. 78TH AVENUE
SUITE 103
MIAMI FL 33126
US

Mailing Address

5793 S.W. 84 AVENUE
~~SUITE 210~~
MIAMI FL 33143
US

3. Date Incorporated or Qualified
11/10/1992

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21 1325 N.W. 78 AVE.

2a. Mailing Address

26 5793 S.W. 84 AVE.

4. FEI Number
65-0391929

Applied For
Not Applicable

22 Suite, Apt. #, etc.

22 Suite 103

27 Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

23 Miami - FLA.

28 City & State

28 Miami - FLA.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33126

25 Country USA

29 Zip 33143

30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LANS, HECTOR L
5793 SW 84TH AVENUE
SUITE 210
MIAMI FL 33143

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

Sign, type, and print name of registered agent and file in application

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME LANS, HECTOR
STREET ADDRESS 2360 S.W. 16 ST.
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME PRESIDENT
13 STREET ADDRESS LANS, HECTOR
14 CITY-ST-ZIP 5793 S.W. 84 AVE.
MIAMI FL 33143

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Hector L. Lans President - HECTOR L. LANS

2/17/96 (305) 477-7775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)