

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 4:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000001730 (9)

1. Corporation Name

LEVISSE, INC.

Principal Place of Business

**1680 MERIDIAN AVE
204
MIAMI BEACH FL 33139
US**

Mailing Address

**1680 MERIDIAN AVE
204
MIAMI BEACH FL 33139
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/04/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0291419

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BRAVERMAN, STEVEN D
2021 E. COMMERCIAL BLVD.
SUITE 304
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81

Name

Mike A. Luis

82

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

1680 Meridian Ave

83

Suite

204

84

City

Miami Beach

FL

85 Zip Code

33139

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 of person named in block 9 and 10 if applicable.

Mike A. Luis, Pres. Secretary

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

LEVIN, ERIC

STREET ADDRESS

1614 JEFFERSON AVE., SUITE 2

CITY - ST - ZIP

MIAMI BEACH FL

TITLE

PS

NAME

LUIS, MIKE

STREET ADDRESS

1614 JEFFERSON AVE., SUITE 2

CITY - ST - ZIP

MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ 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 recorder 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:

SIGNATURE AND APPLIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

INITIALS (Name)

4-6-95

305-673-9155