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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000003360 (3)

1. Corporation Name

LAFELUVI OF FLORIDA, INC.



Principal Place of Business

Mailing Address

520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131

520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 501 Brickell Key Drive

26 501 Brickell Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27 Suite 400

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33131

25 U.S.A.

29 33131

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOSBERGAS, NELSON
520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131

81 Name
SLOSBERGAS, NELSON

82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive

83 Suite 400

84 City
Miami,

FL

85 Zip Code
33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DP
VAZ MIRANDA, LUIS E
STREET ADDRESS
520 BRICKELL KEY DR #0-305
CITY-ST-ZIP
MIAMI FL 33131

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
DP
VAZ MIRANDA, LUIS E
1.3 STREET ADDRESS
501 Brickell Key Drive, Suite 400
1.4 CITY-ST-ZIP
Miami, Florida 33131

TITLE ☐ DELETE

NAME
D
DE MELLO, MIRANDA E
STREET ADDRESS
520 BRICKELL KEY DR #0-305
CITY-ST-ZIP
MIAMI FL 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
D
DE MELLO MIRANDA, SILVA BENETO
2.3 STREET ADDRESS
501 Brickell Key Drive, Suite 400
2.4 CITY-ST-ZIP
Miami, Florida 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Vaz Miranda 4/25/96 374-0030

CR2E034 (12/95)