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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000006031 (7)

1. Corporation Name

FLORIMICH CORPORATION

Principal Place of Business

10630 MNW 14 ST S-115
PANTATION PINES FL 33322

Mailing Address

18459 PINES BLVD
#167
PEMBROKE PINES FL 33029-1400



3. Date Incorporated or Qualified

01/21/1993

3a. Date of Last Report

03/26/1996

4. FEI Number

65-0384679

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

18459 PINES BLVD

Suite, Apt. #, etc.

167

City & State

PEMBROKE PINES FL

Zip

33029

Country

2a. Mailing Address

3900 NW 79TH AVE

Suite, Apt. #, etc.

443

City & State

MIAMI FL

Zip

33166

Country

30

9. Name and Address of Current Registered Agent

GRANERO, LOUIS
18459 PINES BLVD SUITE 167
PEMBROKE PINES FL 33029

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

(Signature of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME GRANERO, SILVIA B.
STREET ADDRESS 15772 NW 11TH ST
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE D
NAME GRANERO, LOUIS
STREET ADDRESS 18459 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33029

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME GRANERO SILVIA B.
1.3 STREET ADDRESS 15772 NW 11TH ST
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33028

☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME GRANERO LOUIS
2.3 STREET ADDRESS 15772 NW 11TH ST
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33028

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS GRANERO 1/6/97 305.406.3801

Date

Daytime Phone #

CR2E034 (9/96)