

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000010944 (5)**

1. Corporation Name
FYNESIDE OF FLORIDA, INC.

Principal Place of Business

**501 BRICKELL KEY DRIVE
400
MIAMI FL 33131
US**

Mailing Address

**501 BRICKELL KEY DRIVE
400
MIAMI FL 33131-2624
US**

FILED
Mar 21 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/12/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0387243

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

**SLOSBERGAS, NELSON
501 BRICKELL KEY DRIVE, SUITE 400
MIAMI FL 33131**

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 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
officer and/or director, 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 and, in doing so, accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**DVP
MARCHETTI, OSVALDO JR
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL
OPST
MARCHETTI, OSWALD JR
501 BRICKELL KEY DRIVE, SUITE 400
MIAMI FL**

☐ DELETE

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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14. I, the undersigned, 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 and that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Part 12 of this report, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0171470

CR2E034 (9/96)