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FILED
Mar 20 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 # P93000043825 (7)

1. Corporation Name

MANIFOLD VENTURES, INC.

Principal Place of Business

17 SHORE DRIVE, N
MIAMI FL 33133
US

Mailing Address

17 SHORE DRIVE, NORTH
MIAMI FL 33133-2613
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 2520 SW 22nd ST.

27 Suite, Apt. #, etc.

27 #2-189

28 City & State

28 MIAMI

29 Zip

29 33145

30 Country

30 US

g. Name and Address of Current Registered Agent

SAXON, KYLE R
1700 ALFRED I. DUPONT BLDG.
169 E. FLAGLER ST.
MIAMI FL 33131

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0421794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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 principal place of business or registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME DELANO, OLUGBEMIGA
STREET ADDRESS C/O 17 SHORE DRIVE, NO
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

VS
NAME DELANO, OLUTAYO
STREET ADDRESS C/O 17 SHORE DRIVE, N
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

VT
NAME DELANO, OLUFISOYE
STREET ADDRESS C/O 17 SHORE DRIVE, N
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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
13 STREET ADDRESS 2520 SW 22nd ST. #2-189
14 CITY-ST-ZIP MIAMI FL 33145

2.1 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 2520 SW 22nd ST #2-189
24 CITY-ST-ZIP MIAMI FL 33145

3.1 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 2520 SW 22nd ST #2-189
34 CITY-ST-ZIP MIAMI FL 33145

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELANO, OLUFISOYE 03/09/97 305 8599110

Date

Daytime Phone #

0177868

CR2E034 (9/96)