CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045044 (3)

1. Corporation Name

FESAN DEVELOPMENT CORP.

300001492193
-05/17/95--01160--021
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7975 NW 56th Street Miami, Florida 33166	5200 Blue Lagoon Dr. Suite 701 Miami, Florida 33126 US

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7975 NW 56TH Street	26 901 Ponce De Leon Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 701
23 City & State: Miami, Florida	28 City & State: Coral Gables, Florida
24 Zip: 33166 25 County: US	29 Zip: 33134 30 County: US

4. FEI Number: 65-0419967 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAEZ, PEDRO P 5200 BLUE LAGOON DR, SUITE 700 MIAMI, FL 33125	01 Name 02 Street Address (P.O. Box Number is Not Acceptable): 901 Ponce De Leon Blvd. 03 Suite 701 04 City: Coral Gables FL 05 Zip Code: 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, ANTONIO	12 NAME	
STREET ADDRESS	P.O. BOX 457 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	CATANU, PU	14 CITY-ST-ZIP	
TITLE	DVST	21 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, MARTHA	22 NAME	
STREET ADDRESS	P.O. BOX 457 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	CATANU, PU	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☒ Addition
NAME	FERNANDEZ, ARMANDO	32 NAME	
STREET ADDRESS	7975 NW 56TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33166	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	200 5-1-95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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, or on an attachment with an address.

SIGNATURE: _____ 4/24/95 (305) 471-0123
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Daytime Phone #