

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morburn
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # P93000056966 (3)

95 APR 28 AM 10:19

1. Corporation Name

OLIVIA, CORP.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**6690 S.W. 107TH COURT
MIAMI FL 33173**

Mailing Address

**6690 S.W. 107TH COURT
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/13/1993

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0430227

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

**RODRIGUEZ, FRANCISCO A
6690 S.W. 107TH COURT
MIAMI FL 33173**

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 President or other officer of corporation and State Representative

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	RODRIGUEZ, FRANCISCO A	6690 S.W. 107TH COURT	MIAMI FL 33173
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	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)(b), 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 3:05 PM 0592