

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000061816 (3)**

1. Corporation Name

DAVMIR CO.



Principal Place of Business

Mailing Address

**800 BRICKELL AVE.
SUITE 1100
MIAMI FL 33131**

**800 BRICKELL AVE.
SUITE 1100
MIAMI FL 33131**

40 Bruce Jay Toland, Esq.

40 Bruce Jay Toland, Esq.

2. Principal Place of Business

2a. Mailing Address

21 **801 Brickell Ave**

26 **801 Brickell Ave.**

Suite, Apt #, etc

Suite, Apt #, etc

22 **Suite 1501**

27 **Suite 1501**

City & State

City & State

23 **Miami, FL**

28 **Miami, FL**

Zip

Zip

24 **33131**

29 **33131**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0796837

Applied For

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. 190.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**TOLAND, BRUCE J.
800 BRICKELL AVE.
SUITE 1100
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

801 Brickell Ave., Suite 1501

83.

84. City

Miami

FL

85. Zip Code

33131

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

BRUCE JAY TOLAND

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOLAND, BRUCE J
800 BRICKELL AVE., SUITE 1100
MIAMI FL 33131**

☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment without address.

SIGNATURE:

Humberto Davila

(305) 381-7999

CR2E034 (3/96)