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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS P93000067597 (3)

DOCUMENT #
1. Corporation Name

THAIS INVESTMENTS, CORP.



Principal Place of Business Mailing Address							II wa iki wa ki a w	(II I U IU I		
3750 WEST HIALEAH FI	16TH AVENUE. SUITE 126-U L 33012	3750 WEST 16TH AVENUE. SUITE 126-U HIALEAH FL 33012								
						 Date Incorporated or Qualified 09/28/1993 	3a. Date	of Last F 2/23/1		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26	26			65-0438768 Not Applicable			Not Applicable	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.	- 1			5. Certificate of Status Desired	\times	\$8.75 Additional Fee Required		
City & State	3	City & State				6. Election Campaign Financing		\$5.0	00 May Be	
23		28	8			Trust Fund Contribution	Added to Fees			
Zip	Country Zip		Country			8. This corporation has liability for		: under s	199.032,	
24	25)		Florida Statutes Yes No				
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered A	gent		
ł				81	Name					
	gonzalo r Vest 16th Avenue, suite 126	3-U				ess (P.O. Box Number is Not Acceptable)				
HIALEA	NH FL 33012			83						
				84	City			85 Z	Ip Code	
1				"	Oity		FL	63 2	.p 0006	
or register familiar wit	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authori	ized by the c	ve-n orpx	named corpor oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appr	pose of char pintment as i	ıging its egistere	registered office d agent. I am	
SIGNATURE _	Signature, typod or printed name of registered agent	Lano tive d'applicable (N	IOTE: Registered	Agen	it signature require	d when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12	
TITLE	P	DELETE	1.11	TLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E] Change	Addition	
NAME	CHALBAUD, LOUIS R		1.2 NA	ME	•					
STREET ADDRESS	3750 WEST 16TH AVE., #1	26-U	1.3 \$1	REET	ADDRESS					
CITY+ST-ZIP	HIALEAH FL 33012		1.4 CH	IY-S	T-ZIP					
TITLE	V DE		2 1 Tı	2 1 TITLE			Ĺ) Change	Addition	
NAME	LAGE, GONZALO R		2 2 NA	ME						
STREET ADDRESS	3750 WEST 16TH AVE., #1	26-U	2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33012		2.4 01	IY-S	T-ZIP					
TITLE	S	☐ DELETE	3, 1 71	TLE] Change	Addition	
NAME	SANTELIZ, THAIS		3 2 NA	ME						
STREET ADDRESS	3750 WEST 16TH AVE., #1	26-U	3.3 S	TREET	r address					
CITY-ST-ZIF	HIALEAH FL 33012		3 4 Ci ²	1Y-S	1 - ZIP					
TITLE		DELETE	4.1 1	TLE			Ε] Change	Addition	
NAME			4.2 NA	ME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 00	TY-S	T-ZIP					
TITLE		☐ DELE1E	5 1 11	TLF			L] Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5 3 \$T	REET	ADDRESS					
CITY-ST-ZIP			5 4 CI	IY-S	r-ZIP					
TITLE		☐ DELETE	6 1 TI] Change	☐ Addition	
NAME			62 N.4	ME						
STREET ADDRESS			63 ST	REET	ADDRESS					
CITY-ST-ZIP			6.4 CF	1Y-S	T-ZIP					
	y certify that the information supplied	with this filing is voluntarily fur				for the exemption stated in Section 119	07/31/k) Flor	ida Stati	rtes Lfurther	

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)(k), Florida Statutes. I further certify that the information indicated on this annual report of proportion of the receiver or trusted 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 comporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in the property of the pr

SIGNATURE: