FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 11:00

DOCUMENT # **P93000078595 (4)**

1. Corporation Name
COLVEN OF MIAMI CORPORATION

Principal Place of Business	Mailing Address
6300 N.E. 4TH AVE. MIAMI FL 33018	6300 N.E. 4TH AVE. MIAMI FL 33018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1993**
3a. Date of Last Report: **04/12/1994**
4. FEI Number: **65-0450577** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PERALTA, ALVARO M — Peralta, Alvaro M.
~~6300 N.E. 4TH AVE.~~ 1100 S.W. 85 Terr.
~~MIAMI FL 33018~~ Pembroke Pines, 33025 Fl

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 X [signature] — Date 5-26-95

12. OFFICERS AND DIRECTORS

TITLE	D Pres / Vice Pres
NAME	[redacted] Alvaro M. Peralta.
STREET ADDRESS	~~8051 S.W. 18 ST.~~ 1100 S.W. 85 Terr.
CITY, ST, ZIP	~~PEMBROKE PINES FL 33025~~ Pembroke Pines, Fl 33025
TITLE	D Sec
NAME	[redacted] Joyce Antich Peralta
STREET ADDRESS	[redacted] 1100 S.W. 85 Terr.
CITY, ST, ZIP	[redacted] Pembroke Pines, Fl 33025
TITLE	D Treasure
NAME	[redacted] Ilse M. Peralta.
STREET ADDRESS	[redacted] 1100 S.W. 85 Terr.
CITY, ST, ZIP	[redacted] Pembroke Pines, Fl 33025
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

11 TITLE	Pres / Vice Pres	☒ Change ☐ Addition
12 NAME	Alvaro M. Peralta	
13 STREET ADDRESS	1100 S.W. 85 Terr.	
14 CITY, ST, ZIP	Pembroke Pines, Fl 33025	
21 TITLE	Sec	☒ Change ☐ Addition
22 NAME	Joyce Antich Peralta	
23 STREET ADDRESS	1100 S.W. 85 Terr.	
24 CITY, ST, ZIP	Pembroke Pines, Fl 33025	
31 TITLE	Treasure	☒ Change ☐ Addition
32 NAME	Ilse M. Peralta	
33 STREET ADDRESS	1100 S.W. 85 Terr.	
34 CITY, ST, ZIP	Pembroke, Pines, Fl 33025	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
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)(k), 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, with all other like empowered.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-95 (305) 758-6959
Date / Daytime Phone #

0144868 CP

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P93000079431 (1)**

1. Corporate Name
FLORIDA FOREIGN EXCHANGE CORP.

Principal Place of Business	Mailing Address
9300 S. DADELAND BLVD. #314 MIAMI FL 33156 US	9300 S. DADELAND BLVD. STE. 314 MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1993**
3a. Date of Last Report: **07/08/1994**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **65-0458215** ☐ 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	10. Name and Address of New Registered Agent
FARIA, MARIA A **9300 S. DADELAND BLVD.** **STE. 314** **MIAMI FL 33156**	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 new registered agent, if appointed) (Name of Registered Agent (typed or printed after signature)) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	FARIA, MARIA A	12 NAME	
STREET ADDRESS	9300 S. DADELAND BLVD., STE. 34	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	OLIVEROS, JOSE V	22 NAME	
STREET ADDRESS	9300 S. DADELAND BLVD., STE. 314	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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	
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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, with an address.

SIGNATURE: Jose V. Oliveros

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN

5-8-95 (305) 670-3105
(Date) (Daytime Phone #)

0167324 CP