

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000033573 (4)**

1. Corporation Name

LEVANTE, INC.



Principal Place of Business

Mailing Address

**360 GRECO AVENUE
SUITE 200
CORAL GABLES FL 33146**

**360 GRECO AVENUE
SUITE 200
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified

05/04/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0506160

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

330 GRECO AVE

330 GRECO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

104

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZERBONE, ALESSANDRO
360 GRECO AVENUE
SUITE 200
CORAL GABLES FL 33146**

81. Name

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

330 GRECO AVE #

83. **# 104**

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 person appointing or appointing to the duties of the

Signature of person appointing or appointing to the duties of the

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ZERBONE, ALESSANDRO**
STREET ADDRESS **360 GRECO AVENUE #207**
CITY-STATE-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS **330 GRECO AVE, #104**
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 (305) 461-3241

CR2E034 (12/95)