

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000040926 (5)

1. Corporation Name

MIAMI SWAN CORPORATION

Principal Place of Business

1710 N.W. 96TH AVE.
MIAMI FL 33172

Mailing Address

1710 N.W. 96TH AVE.
MIAMI FL 33172



2. Principal Place of Business

2a. Mailing Address

21 25 SE 2 Ave

26 25 SE 2 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 201

27 201

City & State

City & State

23 Miami - FL

28 Miami - FL

Zip

Country

Zip

Country

24 33131

25

29 33131

30

9. Name and Address of Current Registered Agent

DE FALCO, JUAN C
1710 N.W. 96TH AVE.
MIAMI FL 33172

3. Date Incorporated or Qualified
06/01/1994

3a. Date of Last Report
10/26/1995

4. FEI Number
65-0503760

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

10. Name and Address of New Registered Agent

81 Name

JOSE M. VEGA

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

25 S.E. 2 AVE

83

201

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

Signature typed or printed name of registered agent or director

JOSE M. VEGA

4-22-96

(DATE)

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PVTD
SORDELLI, CLAUDIO
1710 N.W. 96TH AVE.
MIAMI FL 33172

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
25 S.E. 2nd Avenue # 201
Miami, FL 33131

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
GULLY, ADRIANA
25 S.E. 2nd Avenue #201
Miami, FL 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIANA GULLY

4-22-95 (305) 585-9050

(DATE)

(Typed Name)

CR2E034 (12/95)