## 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 # P94000041558 (5)

FERMA ENTERPRISES, INC.

Principal Place of Business 2805 S.W. 108TH PLACE

Mailing Address

2805 S.W. 108TH PLACE MIAMI FL 33165 FILED May 01 1996 8:00 am Secretary of State



MIAMI FL 33	165	MIAMI FL 33165							
					3. Date Incorporated or Qualified 06/03/1994	3a. Date (	of Last R /23/19	•	
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21 Cuite 1-4		26			65-0495792			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	2B				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Ζιρ <b>29</b>	Countr 30	<b>y</b>	8. This corporation has liability for i Florida Statutes Yes	ntangible tax	under s	199.032,	
	9. Name and Address of Curre	nt Registered Agent		<del>, _</del>	10. Name and Address of New R	egistered A	gent		
			81	Name					
	IDEZ, MARIAM		82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)			
	W. 108TH PLACE								
MIAMI F	L 33165		83						
			84	City			85 Zir	Code	
11 Purcuant t	o the provisions of Postions 607 050	0 1 007 4 600 Ft 11 04 4		<u> </u>		<u>FL</u>			
or register familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	z and 607.1508, Florida Statuti ida. Such change was authoriz tion 607.0505, Florida Statutes	es, the above- red by the corps.	named corpo ocration's boa	ration submits this statement for the pur ord of directors. I hereby accept the appo	oose of chan intment as re	ging its re egistered	egistered office agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agen		)TE: Registered Age			DATE	·		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		IBECTO	BS IN 12	
TITLE	PD	[] DELETE	. 1. 1 TITLE				Change	Addition	
NAME	Fernandez, Jorge		1.2 NAME				Ü		
STREET ADDRESS	2805 S.W. 108TH PLACE		13STREE	ADDRESS	•				
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY	ST - ZIP					
TITLE	VD	DELETÉ	2. 1 TiTLE				Change	Addition	
NAME	FERNANDEZ, MARIAM		2.2 NAME						
STREET ADDRESS	2805 S.W. 108TH PLACE		2 3 STREE	ADDRESS					
CITY-S1-ZIP	MIAMI FL 33165		2.4 CiTY-1	ST-ZIP					
TITLE		☐ DELETE	3 1 TITLE				Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3. STREE	T ADDRESS					
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP					
TITLE		DELETE	4. 1 TITLE				Change	☐ Addition	
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREFT	ADDRESS					
CITY-ST-ZIP TITLE		Ph being	4.4 CITY - 5	T-ZIP					
		DELETE	5. 1 TITLE				Change	☐ Addition	
NAME CIDECT ADDODGO			5.2 NAME						
STREET ADDRESS			5 3 STREET						
CITY-ST-ZIP TITLE		[7] Dti tre	5.4 CITY - S	I · ZIP					
NAME		☐ DELETE	6. 1 TITLE				Change	Addition	
			6.2 NAME						
STREET ADDRESS			6.3 STREET	i					
CITY-ST-ZIP			6.4 CITY - S	1-2IP					

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Marian Fernandes
SIGNATURE AND TYPED OR PRINTEE! NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #