

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000060581 (3)**

1. Corporation Name

JUSTO VERA-AYESTARAN INTERNATIONAL CORP.

Principal Place of Business

**2 SO. BISCAYNE BLVD. STE. 2975
MIAMI FL 33131**

Mailing Address

**2 SO. BISCAYNE BLVD. STE. 2975
MIAMI FL 33131**



2. Principal Place of Business

2a. Mailing Address

21 **6065 N.W. 167th Street** 26 **6065 N.W. 167th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite B 11**

27 **Suite B 11**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Country

Zip

Country

24 **33015**

25 **USA**

29 **33015**

30 **USA**

9. Name and Address of Current Registered Agent

**MACDANIEL, JOHN M. P.A.
2 S. BISCAYNE BLVD., #2975
MIAMI FL 33131**

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 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the president or officer of the corporation

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **D VERA, JUSTO**
STREET ADDRESS **2 SO. BISCAYNE BLVD. STE. 2975**
CITY, ST, ZIP **MIAMI FL 33131**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

NAME **D Vera, Justo**
STREET ADDRESS **6645 N.W. 181 Lane**
CITY, ST, ZIP **Miami, Florida 33015**

2. TITLE ☐ Change ☐ Addition

3. TITLE ☐ Change ☐ Addition

4. TITLE ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. TITLE ☐ Change ☐ Addition

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12. TITLE ☐ Change ☐ Addition

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24. TITLE ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form 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 president 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 addition filed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

R(305) 826 5322

CR2E034 (12/95)