

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 11 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067979 (2)**

1. Corporation Name  
**INITIATIVES CORPORATION**

Principal Place of Business <b>101 MADEIRA AVENUE CORAL GABLES FL 33134</b>	Mailing Address <b>101 MADEIRA AVENUE CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/15/1994</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>3191 CORAL WAY</b> Suite, Apt. #, etc. 22 <b>SUITE 115</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33145</b>	2a. Mailing Address 26 <b>3191 CORAL WAY</b> Suite, Apt. #, etc. 27 <b>SUITE 115</b> City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33145</b>	4. FEI Number <b>65-0521430</b>	Applied For Not Applicable
Country 25 <b>USA</b>	Country 30 <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARAZOZA, CARLOS F  
101 MADEIRA AVE.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P/D PETER MONTADAS 3191 CORAL WAY, SUITE 115 MIAMI, FL 33145</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S/D JOSEPH W. FRANZ 3191 CORAL WAY, SUITE 115 MIAMI, FL 33145</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T/D ROBERT YERBY 3191 CORAL WAY, SUITE 115 MIAMI, FL 33145</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP/D ENRIQUE CORTINAS 3191 CORAL WAY, SUITE 115 MIAMI, FL 33145</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 applicable, or as an attachment with an address.

SIGNATURE:

*Robert Yerby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95 305-274-9512  
DATE DAYTIME PHONE