

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000094344 (6)

1. Corporation Name

AETHRA, INC.



Principal Place of Business

1221 BRICKELL AVE.
STE. 1030
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVE.
STE. 1030
MIAMI FL 33131

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

WEIDER, NORMAN S ESO
100 SE 2ND ST SUITE 3910
MIAMI FL 33131-2112

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

08/10/1995

4. FFI Number

65-0571701

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

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(3) and 607.17(3), 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 attest the appointment as registered agent. I am familiar with, and accept the obligation of, Sections 607.06(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME VIEZZOLI, GIORGIO
STREET ADDRESS 1221 BRICKELL AVE., DTE.1030
CITY-STATE-ZIP MIAMI FL 33131

TITLE
NAME
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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 CITY-STATE-ZIP

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 CITY-STATE-ZIP

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 CITY-STATE-ZIP

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 CITY-STATE-ZIP

28 NAME

29 STREET ADDRESS

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31 CITY-STATE-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 CITY-STATE-ZIP

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 CITY-STATE-ZIP

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

43 CITY-STATE-ZIP

44 NAME

45 STREET ADDRESS

46 CITY-STATE-ZIP

47 CITY-STATE-ZIP

SIGNATURE: x

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (305) 375-0010

CR2E034 (12/95)