

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

98 MAY 27 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

P95000012434 (3)

FATU-HIVA International Inc.

Principal Place of Business

4280 Grovewood Ln
TITUSVILLE, Fla 32780

Mailing Address

4280 Grovewood Ln
TITUSVILLE, Fla. 32780

3. Date Incorporated or Qualified
02/14/1995

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

21 4280 GROVEWOOD LN

22 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

4. FEI Number

59-3311787

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

9. Name and Address of Current Registered Agent

BUCHALTER, NEIL J
1053 CHENEY HIGHWAY
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

EMILIA D. DARIAS

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

4280 GROVEWOOD LN

83

84 City

TITUSVILLE

FL

85

Zip Code
32780

11. Pursuant to the provisions of Sections 607.0809 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

EMILIA D. DARIAS Vee-P.

MAY 31, 1997

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/S/D
DARIAS, VICTOR M.
4280 GROVEWOOD LN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/T
DARIAS, EMILIA D.
4280 GROVEWOOD LN
TITUSVILLE, FLA 32780

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SMITH, HILDA N.
4280 GROVEWOOD LN
TITUSVILLE, FL 32780

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

100002545691-3
-06/03/98--01037--001
****550.00 ****550.00

REINS. AGREEMENT

97-98
AR + 140 PAGES

5/29

☐ Change

☐ Addition

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☐ Addition

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☐ Addition

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****165.00 ****165.00

14. I do hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(i), 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; that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of the report or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

MAY 31/97

54(28)805303

CR2E034 (9/96)