

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



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

PROFIT
CORPORATION
ANNUAL REPORT
1996

FILED
96 JUN 20 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021977

1. Corporation Name

ODENSE FLORIDA CORPORATION

Principal Place of Business

Mailing Address

c/o Albert D. Quentel
1221 Brickell Ave.
Miami, FL 33131

(Same)

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-9569406

Applied For
Not Applicable

5. Certificate of Status Desired

XX \$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

10. Name and Address of New Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301

81 Name Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code
32301

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. Corporation Service Company

SIGNATURE

Gail L. Shelby, As Registered Agent

6/24/96

(NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME Louis Lamar
STREET ADDRESS 100 Almeria, Suite 360
CITY-ST-ZIP Coral Gables, FL 33134

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124 CITY-ST-ZIP

131 TITLE
132 NAME
133 STREET ADDRESS
134 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96 (305) 569-0213

CR2E034 (3/96)