

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027794 (3)

1. Corporation Name

FEMARAH CORP.



Principal Place of Business

Mailing Address

1600 NE 205 TER.
N. MIAMI BEACH FL 33179

1600 NE 205 TER.
N. MIAMI BEACH FL 33179

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/04/1995

4. FEI Number

Applied For
Not Applicable

65-0580376

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

MONDESIR, EVENETTE
11100 NW 5TH AVE.
MIAMI FL 33168

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 607.1508, 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 type: For profit or non-profit, general agent or other, applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME POBLAH, MARLENE
STREET ADDRESS 224 SPRING GARDEN, DOLLAR DES ORMEAUX
CITY- ST- ZIP P. QUE. H9B-2J1

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME POBLAH, FELIX
STREET ADDRESS 224 SPRING GARDEN, DOLLAR DES ORMEAUX
CITY- ST- ZIP P. QUE. H9B-2J1

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME POBLAH, TATIANA A
STREET ADDRESS 224 SPRING GARDEN, DOLLAR DES ORMEAUX
CITY- ST- ZIP P. QUE. H9B-2J1

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME POBLAH, CASSANDRE S
STREET ADDRESS 224 SPRING GARDEN, DOLLAR DES ORMEAUX
CITY- ST- ZIP P. QUE. H9B-2J1

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME POBLAH, RICARDO C
STREET ADDRESS 2031 NW 96 TER., APT. I
CITY- ST- ZIP PEMBROKE PINES FL 33024

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME POBLAH, KITOKO F
STREET ADDRESS 224 SPRING GARDEN, DOLLAR DES ORMEAUX
CITY- ST- ZIP P. QUE. H9B-2J1

61 TITLE ☐ Change ☐ 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 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/11/96 (305) 654-9307

CR2E034 (3/96)