

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000044005.

1. Corporation Name

CITA INTERNATIONAL OF MIAMI, INC.

Principal Place of Business

Mailing Address

**741 Lincoln Rd.,
Miami Beach, Florida**

3. Date Incorporated or Qualified
June 7, 1995

3a. Date of Last Report
1995

2. Principal Place of Business
21 **741-743 Lincoln Rd.,**

2a. Mailing Address
26 **741-743 Lincoln Rd.,**

4. FEI Number
59-3366999

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State
23 **Miami Beach, Florida**

27 City & State
28 **Miami Beach, Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33139** 25 Country **DADE**

29 Zip **33139** 30 Country **DADE**

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

**ROBERTO F. FLEITAS,
782 NW Le Jeune Rd., # 550
Miami, Florida 33126**

81 Name **MARTHA QUINTANS**
82 Street Address (P.O. Box Number is Not Acceptable)
741-743 Lincoln Rd.,
83
84 City **Miami Beach, FL 33139** 85 Zip Code **FL**

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

Martha Quintans
Signature, typed or printed name of registered agent and title, if applicable.

Martha Quintans

4-26-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Director <input checked="" type="checkbox"/> DELETE
NAME	Enrique Hernandis Moreno
STREET ADDRESS	Edificio Record Barrio Chamberi
CITY-ST-ZIP	Santa Cruz de Tenerife, Espana 38080
TITLE	Incorporator/Director/Officer <input checked="" type="checkbox"/> DELETE
NAME	Francisco Forteza Pujol
STREET ADDRESS	Princesa, 25 2do.
CITY-ST-ZIP	28008, Madrid, Espana
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	Director/Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARTHA QUINTANS
1.3 STREET ADDRESS	741-743 Lincoln Rd.,
1.4 CITY-ST-ZIP	Miami Beach, Florida 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****200.00**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Martha Quintans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-96

Deputy Phone #

CR2E034 (12/95)