

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 # P95000046466 (5)

1. Corporation Name

SAVOY ENTERPRISES EXPORT-IMPORT, INC.



Principal Place of Business

151 MAJORCA AVENUE STE C  
CORAL GABLES FL 33134

Mailing Address

151 MAJORCA AVENUE STE C  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 8009 N.W. 36 Street

2a. Mailing Address

26 151 Majorca Avenue

4. FEI Number

65-0588927

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 231-E

Suite, Apt. #, etc.

27 Suite C

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

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33166

Country

25 USA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRATS, GABRIEL  
151 MAJORCA AVENUE STE C  
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required if corporation changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVTD  
NAME SAVOIA, PAULO  
STREET ADDRESS 151 MAJORCA AVENUE STE C  
CITY- ST- ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PVTD  
12 NAME SAVOIA, PAULO  
13 STREET ADDRESS 8009 N.W. 36 Street, # 231-E  
14 CITY- ST- ZIP Miami, FL 33166

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Out-

Daytime Phone #

(305) 592-7732

CR2E034 (12/95)