FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 5-1-96 B 6344 AC

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

DOCUMENT # **P95000054721 (2)**

1. Corporation Name

INSTAVEND, INC.

Principal Place of Business	Mailing Address
11713 S.W.95TH ST. MIAMI FL 33186	11713 S.W.95TH ST. MIAMI FL 33186

3. Date Incorporated or Qualified: **07/17/1995**

3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 **9378 S.W. 156 PLACE**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FLORIDA**
Zip 24 **33196** Country 25 **U.S.A.**

2a. Mailing Address
26 **9378 S.W. 156 PLACE**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FLORIDA**
Zip 29 **33196** Country 30 **U.S.A.**

4. FEI Number: **65-0610947 142612** ☐ 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

HALWANI, FADI
11713 S.W. 95TH ST.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: **JUAN-CARLOS SANTOS**
82 Street Address (P.O. Box Number is Not Acceptable): **9378 S.W. 156 PLACE**
83
84 City: **MIAMI** **FL** 85 Zip Code: **33196**

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: JUAN-CARLOS SANTOS PD — 04/20/96
Signature of New Registered Agent, if changing — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SANTOS, JUAN C	
STREET ADDRESS	9378 S.W. 156TH PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VD	☑ DELETE
NAME	HALWANI, FADI	
STREET ADDRESS	11713 S.W. 95TH ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	☐ Change ☑ Addition
3.2 NAME	DENIA SANTOS	
3.3 STREET ADDRESS	9378 S.W. 156 PLACE	
3.4 CITY-ST-ZIP	MIAMI, FL 33196	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: JUAN-CARLOS SANTOS — 04/20/96 — (305) 260-4074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)