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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000064894 (5)

1. Corporation Name

FLORVEN SALES & INVESTMENT CORPORATION

Principal Place of Business

4839 S.W. 148TH AVE
519
DAVIE FL 33330

Mailing Address

4839 S.W. 148TH AVE
519
DAVIE FL 33330-2129



3. Date Incorporated or Qualified
08/22/1995

3a. Date of Last Report
09/19/1996

4. FEI Number

65-0608676

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL
12000 BISCAYNE BLVD
SUITE 220
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name JULIO O. LARIOT

82 Street Address (P.O. Box Number is Not Acceptable)
1409 CAMELLIA CIRCLE

83

84 City WESTON

FL 85 Zip Code 33326

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: *[Signature]* printed name of registered agent and title if applicable.

JULIO O. LARIOT

(NOTE: Registered Agent signature required when reinstating.)

DATE

1-29-1997

12. OFFICERS AND DIRECTORS

TITLE PS
NAME NAVARRO, NELSON M
STREET ADDRESS 4839 S.W. 148TH AVE
CITY-ST-ZIP DAVIE FL 33330 ☐ DELETE

TITLE VP
NAME LARIOT, JULIO O
STREET ADDRESS 4839 S.W. 148TH AVE
CITY-ST-ZIP DAVIE FL 33330 ☐ DELETE

TITLE T
NAME LARIOT, MERCEDES S
STREET ADDRESS 4839 S.W. 148TH AVE
CITY-ST-ZIP DAVIE FL 33330 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition
1.2 NAME NAVARRO, NELSON M.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP MARACAIBO, VENEZUELA

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME LARIOT, JULIO O.
2.3 STREET ADDRESS 1409 CAMELLIA CIRCLE
2.4 CITY-ST-ZIP WESTON, FL 33326

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME LARIOT, MERCEDES S.
3.3 STREET ADDRESS 1409 CAMELLIA CIRCLE
3.4 CITY-ST-ZIP WESTON FL 33326

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO O. LARIOT

1-29-1997

(964) 384 8390

Date Daytime Phone #

CR2E034 (9/96)