FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

I do hereby certify that the information indicated on this anni

SIGNATURE:

Lam an officer or director of the appears in Block 12 or Block 13

n supplied with eport or suppl



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

(96/6)

of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port is true and accurate and that my signature shall have the same legal effect as if made under oath, that empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073974 (3)

MEDLEY INTERNATIONAL COMMERCE PARK CORP.

427 ANASTASIA AVE 427 ANASTASIA AVE **APT 17** CORAL GABLES FL 33134 CORAL GABLES FL 33134-7181 3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 Yes Yo 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERDIE, AINSLEE R 717 PONCE DE LEON BLVD #215 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 19 not or printed hame of registered agent and title in applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 11 TITLE Addition ☐ Change ROBAINA, JUAN A NAME 12 NAME 427 ANASTASIA AVE APT 17 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** ĆITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE TITLE 21 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7iP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7P 6.4 CITY - ST - ZIP