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Jun 19 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 # P96000082259 (8)

1. Corporation Name
FIERA, INC.



Principal Place of Business
899 NORTHEAST 50 TERRACE
MIAMI FL 33137

Mailing Address
899 NORTHEAST 50 TERRACE
MIAMI FL 33137-3022

3. Date Incorporated or Qualified
10/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 605 LINCOLN RD

2a. Mailing Address

26 605 LINCOLN RD

Suite, Apt. #, etc.

22 302

Suite, Apt. #, etc.

27 302

City & State

23 MIAMI BEACH

City & State

28 MIAMI BEACH

Zip

24 33139

Country

25 USA

Zip

29 33139

Country

30 USA

4. FEI Number

65-0718292

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ROGER CHARLAND

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

605 LINCOLN ROAD, SUITE 302

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 (If not, Registered Agent signature required when reinstating)

DATE

6-13-97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CHARLAND, ROGER
STREET ADDRESS 899 NORTHEAST 50 TERRACE
CITY-ST-ZIP MIAMI FL 33137

TITLE VSTD ☒ DELETE

NAME FERLAND, JEAN PIERRE
STREET ADDRESS 899 NORTHEAST 50 TERRACE
CITY-ST-ZIP MIAMI FL 33137

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 SAME

1.3 STREET ADDRESS 605 LINCOLN RD, SUITE 302

1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)