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

**PROFIT CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000051601 (7)

FERNANDA HOLDINGS LIMITED CORP.

Principal Place of Business Mailing Address 13705 S.W. 91ST COURT #G 13705 S.W. 91ST COURT #G MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1997 2s. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-076**0**8 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζip Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET #900 Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180** 83 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 when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELE**te** Change Addition 1.1 TITLE TITLE SOICHER, FERNANDA 1.2 NAME NAME 13705 S.W. 91ST COURT #G 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change ■ Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP \_\_\_ Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** 

6.4 CITY-ST-ZIP

TERNANDA

14. I 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. 10/98 405-8340728

**FILED** 

Mar 31 1998 8:00am

Secretary of State