

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S24310 (2)

1. Corporation Name

CONRECA CORPORATION



Principal Place of Business

Mailing Address

12051 GLENMORE DR
UNIT 107
CORAL SPRINGS FL 33071
US

12051 GLENMORE DR
UNIT 107
CORAL SPRINGS FL 33071
US

3. Date Incorporated or Qualified
01/09/1991

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0255429

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

10. Name and Address of New Registered Agent

CASTILLO B., ALVARO
1533 SUNSET DR
STE 201
MIAMI FL 33143

81 Name
Alvaro Castillo B., Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue
83 Suite 200
84 City
Miami FL 33131

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 date of appointment

(NOTE: Registered Agent signature required when re-registering)

6-17-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS AVILA, ORLANDO
CITY-ST-ZIP EDIFICO TORRE 18, PISO 2
CARACAS, VENEZUELA

TITLE ☐ DELETE
NAME VD
STREET ADDRESS HADDAD, JEAN
CITY-ST-ZIP EDIFICO TORRE 18, PISO 2
CARACAS, VENEZUELA

TITLE ☐ DELETE
NAME SD
STREET ADDRESS DE AVILA, MARISELA
CITY-ST-ZIP EDIFICO TORRE 18, PISO 2
CARACAS, VENEZUELA

TITLE ☐ DELETE
NAME TD
STREET ADDRESS HADDA, HAFFA
CITY-ST-ZIP EDIFICO TORRE 18, PISO 2
CARACAS, VENEZUELA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96

(205) 765-8963

DATE

Telephone #

CR2E034 (3/96)