

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S25655

(9)

1. Corporation Name

FLORCEFA CORP.

Principal Place of Business

**251 CRANDON BLVD
#136
MIAMI FL 33149**

Mailing Address

**251 CRANDON BLVD
#136
MIAMI FL 33149**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/17/1991

3a. Date of Last Report
06/01/1994

4. FEI Number
65-0321400

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**

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**SALA, A. ROSEMARY
104 CRANDON BLVD. #302
MIAMI FL 33149**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TORRES, RAFAEL CEPEDA
251 CRANDON BLVD #136
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DE CEPEDA, VICTORIA F.
251 CRANDON BLVD #136
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CEPEDA F., RAFAEL J.
251 CRANDON BLVD #136
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CEPEDA F., ARTURO
251 CRANDON BLVD #136
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CEPEDA F., NORA
251 CRANDON BLVD #136
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CEPEDA F., ALBERTO
251 CRANDON BLVD #136
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

Date

905-361-0105

Daytime Phone #