

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

**APPROVED AND FILED**  
 29 MAY - 1 AM 5:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S38021** (9)  
 1. Corporation Name  
**VIZCAYA LANDSURVEYOR INC.**

Principal Place of Business: 13217 SW 46 LN MIAMI FL 33175-1382 US  
 Mailing Address: 13217 SW 46 LN MIAMI FL 33175-1382 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/15/1991**  
 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0262240**  
 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 (4)(a), Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. # etc. 22 City & State 23  
 2a. Mailing Address: 26 Suite, Apt. # etc. 27 City & State 28  
 24 City 25 State 29 City 30 State

9. Name and Address of Current Registered Agent  
**ALVAREZ, JORGE**  
**15390 SW 157TH TERR**  
**MIAMI FL 33187**

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: \_\_\_\_\_ (Typed or Printed Name of Registered Agent and Mailed Address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: PD	1. NAME: GONZALEZ, RAMON E.	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS: 13217 SW 46 LN	2. STREET ADDRESS: MIAMI FL	2. NAME:	
3. CITY, ST, ZIP: MIAMI FL	3. CITY, ST, ZIP: MIAMI FL	3. STREET ADDRESS:	
4. TITLE: VD	4. NAME: GONZALEZ, RMIRTHA B.	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. STREET ADDRESS: 13217 SW 46 LN	5. STREET ADDRESS: MIAMI FL	5. NAME:	
6. CITY, ST, ZIP: MIAMI FL	6. CITY, ST, ZIP: MIAMI FL	6. STREET ADDRESS:	
7. TITLE: TD	7. NAME: GONZALEZ, LORRAINE E.	7. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. STREET ADDRESS: 13217 SW 46 LN	8. STREET ADDRESS: MIAMI FL	8. NAME:	
9. CITY, ST, ZIP: MIAMI FL	9. CITY, ST, ZIP: MIAMI FL	9. STREET ADDRESS:	
10. TITLE: SD	10. NAME: GONZALEZ, MIRTHA C.	10. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: 13217 SW 46 LN	11. STREET ADDRESS: MIAMI FL	11. NAME:	
12. CITY, ST, ZIP: MIAMI FL	12. CITY, ST, ZIP: MIAMI FL	12. STREET ADDRESS:	
13. TITLE: VD	13. NAME: TORAC, ARTURO R	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. STREET ADDRESS: 8423 COLLINS AVE	14. STREET ADDRESS: MIAMI BCH FL	14. NAME:	
15. CITY, ST, ZIP: MIAMI BCH FL	15. CITY, ST, ZIP: MIAMI BCH FL	14. STREET ADDRESS:	
16. TITLE:	16. NAME:	16. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. STREET ADDRESS:	17. STREET ADDRESS:	17. NAME:	
18. CITY, ST, ZIP:	18. CITY, ST, ZIP:	17. STREET ADDRESS:	
19. TITLE:	19. NAME:	19. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
20. STREET ADDRESS:	20. STREET ADDRESS:	20. NAME:	
21. CITY, ST, ZIP:	21. CITY, ST, ZIP:	20. STREET ADDRESS:	

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on the 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 to the review or further empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 14 of this report, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR