

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S38021

1. Corporation Name

VIZCAYA LANDSURVEYOR INC.

Principal Place of Business

Mailing Address

13217 SW 46 LN
MIAMI FL 33175-1382
US

13217 SW 46 LN
MIAMI FL 33175-1382
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
03/15/91

3a. Date of Last Report
05/01/95

4. FEI Number

65-0262240

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

ALVAREZ, JORGE
15390 SW 157TH TERR
MIAMI FL 33187

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 (if not applicable)

State Registered Agent Signature (required when the address)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ RAMON E.
STREET ADDRESS 13217 SW 46 LN
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME GONZALEZ MIRTHA B.
STREET ADDRESS 13217 SW 46 LN
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME GONZALEZ LORRAINE E.
STREET ADDRESS 13217 SW 46 LN
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE SD
NAME GONZALEZ MIRTHA C.
STREET ADDRESS 13217 SW 46 LN
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME TOURAC, ARTURO R
STREET ADDRESS 6423 COLLINS AVE
CITY-STATE-ZIP MIAMI BCH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

600001850966
-06/04/96--01163--036
***225.00

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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 607, 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

5/27/96 (305) 223-5697

Date

Office Phone

CR2E034 (12/95)