

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # **S59678** (0)
1. Corporation Name
URBANIZA INC.

Principal Place of Business 25 SE 2ND AVE., #920 MIAMI FL 33131-1603	Mailing Address 25 SE 2ND AVE., #920 MIAMI FL 33131-1603
--	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:29

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/12/1991		3a. Date of Last Report 02/14/1994	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 1147		Suite, Apt. #, etc. 1147	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
4. FEI Number 65-0275006 0272253		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 DIAZ, GLADYS MARGARITA 1217 AGUILA AVE. CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Stewart A. Merkin, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 444 Brickell Ave. 83 Suite 300 84 City Miami FL 85 Zip Code 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 *Stewart A. Merkin* DATE *JAN 24, 1995*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, GLADYS MARGARITA 1217 AGUILA AVE. CORAL GABLES FL 33134	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD S T D Diaz, Gladys Margarita 1217 AguilA Ave. Coral Gables, Fl 33134 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 110.07(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 addendum with an address.

SIGNATURE: *Gladys Margarita Diaz* DATE *Jan 29 1995* **335-8111**
SIGNATURE AND TITLE OR PRINTED NAME OF VOTING OFFICER OR DIRECTOR