

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrman
Secretary of State
Division of Corporations

**APPROVED
AND
FILED**

95 MAY -1 AM 8:06

DOCUMENT # S66557 (7)

1. Corporation Name

FINTAX, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

10916 NW 7TH ST.
UNIT 504
MIAMI FL 33172
US

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UNIT 504
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1991	3a. Date of Last Report 05/01/1994
4. FID Number 65-0272879	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 information fees under Chapter 193, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21. State Apt # etc. 22. City & State 23. Zip 24. City	2a. Mailing Address 26. State Apt # etc. 27. City & State 28. Zip 29. City
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9. Name and Address of Current Registered Agent

**FOX, GEORGE G.
11439 S.W. 86TH LANE
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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

(Print or Type Name of Agent or Registered Agent)

(Print or Type Name of Agent or Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	☐ Change ☐ Addition
2. NAME	FOX, GEORGE G.	2. NAME	
3. STREET ADDRESS	11439 S.W. 86TH LANE	3. STREET ADDRESS	
4. CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
5. TITLE	D	5. TITLE	☐ Change ☐ Addition
6. NAME	SIGARETA, BUENAVENTURA	6. NAME	
7. STREET ADDRESS	10916 NW 7TH ST., #504	7. STREET ADDRESS	
8. CITY, ST, ZIP	MIAMI FL	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. 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 193.07(9)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Sigareta
B. Sigareta
V. President

4/27/95 (305) 229-0111