

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001432776
-05/18/95--01002--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # S 89883
1. Corporation Name

SAFEL INTERNATIONAL, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business

21 6178 N.W. 74 AVE.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 6178 N.W. 74 AVE.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33166

Country

30 USA

3. Date Incorporated or Qualified

10/24/91

3a. Date of Last Report

2/14/94

4. FEI Number

65-0297374

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROJO, JOSE R.

10. Name and Address of New Registered Agent

01 Name

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

6178 N.W. 74 AVE.

03

04 City

MIAMI

FL

05 Zip Code

33166

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 (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	ROJO, JOSE R.
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	D/VP
NAME	GONZALEZ, SARA P.
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	6178 N.W. 74 AVE.
14 CITY, ST, ZIP	MIAMI, FL 33166
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	6178 N.W. 74 AVE
24 CITY, ST, ZIP	MIAMI, FL 33166
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sara P. Gonzalez

Sara P. Gonzalez

3/16/95

(205) 597-9705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)