

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**

96 NOV 19 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 892938**  
1. Corporation Name

**E.F.E., INC.**

Principal Place of Business

**Box 430260  
Miami, FL 33143**

Mailing Address

**Box 430260  
Miami, FL 33143**

**500002008375--9**

**REINSTATEMENT**

*9/6/00*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		11/08/91		05/01/95	
22 City & State		27 City & State		4. FEI Number		Added For	
23 Zip		28 Zip				<input checked="" type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under § 199.032 Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent				18. Name and Address of New Registered Agent			
George A. Gutierrez 3780 West Flagler Street Miami, FL 33134				Owen S. Freed			
				2200 Mission Tower			
				150 West Flagler Street			
				Miami FL 33130			

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits the 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: *Owen S. Freed* DATE: *11/16/96*

12. OFFICERS AND DIRECTORS				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D / President			1.1 TITLE			
NAME	Fernando Fonseca-Lopez			1.2 NAME			
STREET ADDRESS	10151 S.W. 102 Avenue			1.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL			1.4 CITY-ST-ZIP			
TITLE				2.1 TITLE	Owen S. Freed		
NAME				2.2 NAME	Secretary		
STREET ADDRESS				2.3 STREET ADDRESS	Suite 2200, 150 W. Flagler Street		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Miami, FL 33130		
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 119.013(4), 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 the report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *11/16/96*

CRECOA (1285)

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9171  
904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032  
REFERENCE : 159884 4311473  
AUTHORIZATION : *Patricia Pyjunt*  
COST LIMIT : \$ 383.75

ORDER DATE : November 19, 1996  
ORDER TIME : 10:38 AM  
ORDER NO. : 159884-005  
CUSTOMER NO: 4311473

CUSTOMER: Marcia Cox, Legal Assistant  
Stearns Weaver Miller Weissler  
Museum Tower, Suite 2200  
150 West Flagler Street  
Miami, FL 33130

DOMESTIC FILINGS

NAME: E.F.E., INC.

XX - REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
96 NOV 19 PM 12:20  
DIVISION OF CORPORATION