

# 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 # **S99458** (9)

1. Corporation Name

**EXCELLENCE INVESTMENTS, INC.**



Principal Place of Business

**1730 BAY DRIVE  
MIAMI BEACH FL 33141**

Mailing Address

**1730 BAY DRIVE  
MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified  
**12/11/1991**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**65-0303151**

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

10. Name and Address of New Registered Agent

**BAUMBERGER, HANS  
1265 MARSEILLE DRIVE  
SUITE 134  
MIAMI BEACH FL 33141**

81 Name

**Hans Baumberger**

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

**3333 Bonce de Leon Blvd.**

83

**Suite 202**

84 City

**Coral Gables**

**FL**

85 Zip Code  
**33134**

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)*  
Signature, typed or printed name of registered agent and title if applicable

**(Hans Baumberger, VTS)**

(NOTE: Registered Agent signature required when reinstating)

**4-12-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALTIRIBA, JUAN	
STREET ADDRESS	1730 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FILI, FRANCISCO	
STREET ADDRESS	1255 MARSEILLE DRIVE, #17	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	BAUMBERGER, HANS	
STREET ADDRESS	1265 MARSEILLE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>3333 Bonce de Leon Blvd. #202</b>
3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(Hans Baumberger, Vice-President)**

**4-12-96**

**(305) 461-9731**

Date

Daytime Phone #

CR2E034 (12/95)