

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 19 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V10959** (7)

1. Corporation Name
FAMAR, INC.

Principal Place of Business

**7220 SW 132 AVE
MIAMI FL**

Main Address

**7220 SW 132 AVE
MIAMI FL**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Qualified)	3a. Date of Last Report
02/03/1992	05/12/1994
4. FEI Number	5. Certificate of Status Desired
65-0317810	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Director, Campaign Financing, Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for activities for services in Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. 12214 SW 8ST	26. Same Above
22. State, Apt # etc.	27. State, Apt # etc.
23. miami FLA	28. City & State
24. 33184	25. DADE
29. County	30. County

9. Name and Address of Current Registered Agent

**SALAZAR, FAVIO
7220 SW 132 AVE
MIAMI FL**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address, P.O. Box Number, if Not Acceptable	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 210.01 and 602.01, Florida Statutes, the above named corporation certifies 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, thereby accept the appointment as registered agent, in conformity with and accept the conditions of Sections 210.01 and 602.01, Florida Statutes.

SIGNATURE: _____

12. (Additions)	13. (Deletions)											
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14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(2)(b), Florida Statutes. I further certify that the information included in the 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 registered agent of the corporation in accordance with the report as required by Chapter 602, Florida Statutes, and that my name appears on Block 12 of this report. I am not a registered agent.

SIGNATURE: *[Signature]*
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95 (305) 653-6852
Paid check # 1986

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda R. Mouton
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
JUN 15 1995

JUN 15 1995

DOCUMENT # **V10974** (6)

ACHABAL TECHNOLOGIES, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office of Corporation
**199 AFTON SQUARE
SUITE 202
ALTAMONTE SPRINGS FL 32714**

Main Office Address
**199 AFTON SQUARE
SUITE 202
ALTAMONTE SPRINGS FL 32714**

3. Date the Corporation was Organized **01/31/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Office of Corporation
21. Mailing Address
4543 SADDLEWORTH CIRCLE 26. **4543 SADDLEWORTH CIR.**

4. FEI Number **59-3105221** Applied For Not Applicable

22. City, State, Zip, Apt. # etc. 27. City, State, Zip, Apt. # etc.
ORLANDO, FL 32826 **ORLANDO, FLORIDA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City, State, Zip, Apt. # etc. 28. City, State, Zip, Apt. # etc.
ORLANDO, FL 32826 **ORLANDO, FLORIDA**

6. Election Campaign Financing True Fund Contribution **\$5.00 May Be Added to Fees**

24. City, State, Zip, Apt. # etc. 25. City, State, Zip, Apt. # etc. 29. City, State, Zip, Apt. # etc. 30. City, State, Zip, Apt. # etc.
32826 **USA** **32826** **USA**

7. This corporation has liability for Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOBREGA, JORGE L.
199 AFTON SQUARE
SUITE 202
ALTAMONTE SPRINGS FL 32714**

81. Name **NOBREGA, JORGE L.**
82. Street Address of Office **4543 SADDLEWORTH CIRCLE**
83. City, State, Zip, Apt. # etc.
84. City **ORLANDO** FL 85. Zip **32826**

11. I, the undersigned, being duly sworn to, certify that the above named corporation submits this statement for the purpose of changing its registered office and registered agent, or both, in the State of Florida, and that 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 duties of a registered agent under the Florida Statutes.

SIGNATURE *[Signature]* **JORGE L. NOBREGA** **051595**

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
12a. NAME: NOBREGA, JORGE L. 12b. STREET ADDRESS: 199 AFTON SQUARE 12c. CITY, STATE, ZIP, APT. # ETC.: ALTAMONTE SPGS. FL	13a. NAME: _____ 13b. STREET ADDRESS: _____ 13c. CITY, STATE, ZIP, APT. # ETC.: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
12d. NAME: SUMMERS-NOBREGA, SHERRY 12e. STREET ADDRESS: 199 AFTON SQUARE 202 12f. CITY, STATE, ZIP, APT. # ETC.: ALTAMONTE SPRINGS FL	13d. NAME: _____ 13e. STREET ADDRESS: _____ 13f. CITY, STATE, ZIP, APT. # ETC.: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
12g. NAME: _____ 12h. STREET ADDRESS: _____ 12i. CITY, STATE, ZIP, APT. # ETC.: _____	13g. NAME: _____ 13h. STREET ADDRESS: _____ 13i. CITY, STATE, ZIP, APT. # ETC.: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
12j. NAME: _____ 12k. STREET ADDRESS: _____ 12l. CITY, STATE, ZIP, APT. # ETC.: _____	13j. NAME: _____ 13k. STREET ADDRESS: _____ 13l. CITY, STATE, ZIP, APT. # ETC.: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
12m. NAME: _____ 12n. STREET ADDRESS: _____ 12o. CITY, STATE, ZIP, APT. # ETC.: _____	13m. NAME: _____ 13n. STREET ADDRESS: _____ 13o. CITY, STATE, ZIP, APT. # ETC.: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
12p. NAME: _____ 12q. STREET ADDRESS: _____ 12r. CITY, STATE, ZIP, APT. # ETC.: _____	13p. NAME: _____ 13q. STREET ADDRESS: _____ 13r. CITY, STATE, ZIP, APT. # ETC.: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and equally for the corporation stated in the last filing of this corporation. I further certify that the information included 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 exercise this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, on Block 1, of this filing, or on an attached brand with an address.

SIGNATURE: *[Signature]* **JORGE L. NOBREGA** **051595 (407) 384 9087**