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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 23 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15730

(7)

1. Corporation Name

FAIR LAKE CORP.

Principal Place of Business

280 SW 8TH STREET
MIAMI FL 33130

Mailing Address

280 SW 8TH STREET
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/21/1992

3a. Date of Last Report
04/20/1994

4. FEI Number
65-0348968

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. 190.022,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 2801 Ponce de Leon Blvd

2a. Mailing Address

26 2801 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 850

27 Suite 850

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL 33134

Zip Country

Zip Country

24 33134

29 33134

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACHADO, MARCOS A.
280 SW 8TH STREET
MIAMI FL 33130

81 Name Machado, Marcos A.

82 Street Address (P.O. Box Number is Not Acceptable)
2801 Ponce de Leon Blvd.

83 Suite 850

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GUIMARAES, LUIS ARTHUR C.
STREET ADDRESS 280 SW 8TH ST.
CITY, ST, ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME Guimaraes, Luis Arthur C.
13 STREET ADDRESS 2801 Ponce de Leon Blvd. # 850
14 CITY, ST, ZIP Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
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 119.07(3)(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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Dayton, Ohio