

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **V16250**

(5)

1. Corporation Name

FLAMBOYAN PUBLISHING CORP.

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**175 FONTAINEBLEAU BLVD #G-7
MIAMI FL 33172**

Mailing Address

**175 FONTAINEBLEAU BLVD #G-7
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/24/1992

3b. Date of Last Report
05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0313628

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

22

27

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23

28

8. Does corporation have liability for interest on tax under 5, 1993 C.F.R.
Florida Statutes

☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VICTOR, VICTOR J
175 FONTAINEBLEAU BLVD
SUITE 2G-7
MIAMI FL 33172**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.012 and 607.013, 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 Sections 607.012 and 607.013, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS, DIRECTORS, AND CLERKS (If any)

NAME	V
NAME	DIEGO, RAMON
STREET ADDRESS	175 FONTAINEBLEAU BLVD
CITY, STATE, ZIP	MIAMI FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
NAME	PRESIDENT	☐ Change ☐ Addition
NAME	VICTOR J VICTOR	
STREET ADDRESS	175 FONTAINEBLEAU BLVD	
CITY, STATE, ZIP	MIAMI, FL 33172	
NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.012(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. I am an officer or director of the corporation or the person or person 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)