## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # V16861

appears in Block 12 or Block 13 if changes

SIGNATURE:

(9)

FLORESTA INTERNATIONAL SERVICES CORP.

Principal Place of Business Mailing Address 833 N E 167 STREET #1109 833 N E 167 STREET #1109 NORTH MIAMI BEACH FL 33162-2449 NORTH MIAMI BEACH FL 33162 3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1992 02/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0314967 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Zip ZipYes No 25 30 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAVLOV, WILLIAM M 633 NE 167TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1112** 83 NORTH MIAMI BEACH FL 33162 84 City 85 Zip Code 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 hypotherization of registered agent and title a applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1.1 TETLE Change TITLE CARILLO, FRANCISCO 1.2 NAME NAME 633 NE 167TH STREET 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 21 TITLE KOCHENBORGER, NATANIEL 2.2 NAME NAME STREET ADDRESS 633 NE 167TH STREET 2.3 STREET ADDRESS NORTH MIAMI BEACH FL 2. 4 CITY - ST - ZIP CITY-S1-20 Change DELETE Addition 3.1 TITLE TILL **NEVES, PAULO KALE** NAME 3.2 NAME **633 NE 167TH STREET** STREET ADDRESS 3.3 STREET ADDRESS NORTH MIAMI BEACH FL C(1Y-S1-Z)F 3.4. CITY-ST-ZIP Addition DELETE Change 4 1 TITLE 4. 2 NAME NAME STREET ACCURESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-\$1-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition THE 61 TITLE NAME 62 NAME 6 3 STREET ADORESS STREET ADDRESS 64 CITY-ST-ZIP CITY - S1 - ZIP 14. I do hereby certly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Yor on an attachment with an address.

PAULO KALENEUES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR