FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:09

DOCUMENT # **V17884** **(0)**

1. Corporation Name

IVER, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER 14126 FT LAUDERDALE FL 33302	5900 COCONUT TERRACE PLANTATION FL 33317 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/26/1992**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0349631** ☐ 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

BERNARD, LEONARD M JR
707 SE THIRD AVE #500
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BERNARD, LEONARD M JR	12 NAME	
STREET ADDRESS	707 S E THIRD AVE #500	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	OLIVERAS, TED	22 NAME	
STREET ADDRESS	5900 COCONUT TERRACE	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	OLIVERAS, ROBERT T	32 NAME	
STREET ADDRESS	5900 COCONUT TERRACE	33 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	OLIVERAS, MICHAEL T	42 NAME	
STREET ADDRESS	5900 COCONUT TERRACE	43 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	OLIVERAS, MICHAEL T	52 NAME	
STREET ADDRESS	5900 COCONUT TERRACE	53 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ted Oliveras **Ted Oliveras** **President** **03/28/95** **(305) 581-3701**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Daytime Phone #

0020120 CP