

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V18103** (4)

1. Corporation Name  
**LEMER INTERNATIONAL, INC.**



Principal Place of Business  
**4701 S.W. 45 ST. BLDG. 5 BAY 5  
DAVIE FL 33314**

Mailing Address  
**4701 S.W. 45 ST. BLDG. 5 BAY 5  
DAVIE FL 33314**

3. Date Incorporated or Qualified **02/28/1992** 3a. Date of Last Report **04/07/1995**

4. FET Number **65-0314983** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

## 9. Name and Address of Current Registered Agent

**ESPINOSA, HERNANDO  
4701 S.W. 45TH ST. BLDG. 5 BAY 5  
DAVIE FL 33314**

## 10. Name and Address of New Registered Agent

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 607.0500 and 607.1500, 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, if not applicable

Signature, typed or printed name of registered agent, if not applicable

DATE

## 12. OFFICERS AND DIRECTORS

| TITLE | NAME                                   | STREET ADDRESS | CITY - ST - ZIP | DELETE                   |
|-------|----------------------------------------|----------------|-----------------|--------------------------|
|       | <b>P</b>                               |                |                 |                          |
|       | <b>ESPINOSA, HERNANDO</b>              |                |                 | <input type="checkbox"/> |
|       | <b>AVDA. EL DORADO NO. 84A-55 L120</b> |                |                 |                          |
|       | <b>BOGOTA, COLOMBIA</b>                |                |                 |                          |
|       |                                        |                |                 | <input type="checkbox"/> |
|       |                                        |                |                 | <input type="checkbox"/> |
|       |                                        |                |                 | <input type="checkbox"/> |
|       |                                        |                |                 | <input type="checkbox"/> |
|       |                                        |                |                 | <input type="checkbox"/> |
|       |                                        |                |                 | <input type="checkbox"/> |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | Change                   | Addition                 |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |

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)(k), 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 a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/96

Date

Daytime Phone #

CR2E034 (12/95)