

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

DOCUMENT # V19638 (8)

1. Corporation Name
LEMPIRA ENVIOS CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:37

Principal Place of Business
306 S.W. 12TH AVENUE
MIAMI FL 33130
US

Mailing Address
306 S.W. 12TH AVENUE
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1992	3a. Date of Last Report 04/26/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 65-0320612	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country	29. Country			8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
ICAZA, CARLOS MANUEL
13040 S W 95TH AVE
MIAMI FL 33176

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 607.0502 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	PD SABORIO, ERNESTO ICAZA		☐ Change ☐ Addition
STREET ADDRESS	13040 S W 95TH AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	TD ICAZA, CARLOS, MANUEL	2.1 TITLE	☐ Change ☐ Addition
NAME	13040 S W 95TH AVE	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	SD ICAZA, TERSA ARGUELLO DE	3.1 TITLE	☐ Change ☐ Addition
NAME	13040 S W 95TH AVE	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 registered agent 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 change of or appointment with an address.

SIGNATURE:

[Signature]
CARLOS M ICAZA

2/17/95

Typed Name