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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V19638

(8)

1. Corporation Name
LEMPIRA ENVIOS CORPORATION



Principal Place of Business

Mailing Address

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

306 S.W. 12TH AVENUE
MIAMI FL 33130-2001
US

2. Principal Place of Business

2a. Mailing Address

21 306 S.W. 12 Ave.

26 306 S.W. 12th Ave.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

27 City & State

23 Miami, Fl.

27 Miami, Fl.

24 Zip 33130 25 Country Dade

29 Zip 33130 30 Country Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/09/1992

3a. Date of Last Report
03/20/1996

4. FEI Number

65-0320612

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

ICAZA, CARLOS MANUEL
13040 S W 95TH AVE
MIAMI FL 33176

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SABORIO, ERNESTO ICAZA
STREET ADDRESS 13040 S W 95TH AVE
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME ICAZA, CARLOS, MANUEL
STREET ADDRESS 13040 S W 95TH AVE
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME ICAZA, TERSA ARGUELLO DE
STREET ADDRESS 13040 S W 95TH AVE
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify 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 appears in Block 12 or Block 13 if changed, or in the comment with an address.

SIGNATURE:

Carlos M. Icaza

04/11/97

305-541-0039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)