

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 2-9-96

B-930-C

DOCUMENT # V28196 (6)

1. Corporation Name

FREE WAY MIAMI, INC.



Principal Place of Business

Mailing Address

25 S.E. 2ND AVE.
SUITE 301
MIAMI FL 33131
US

25 S.E. 2ND AVE.
SUITE 301
MIAMI FL 33131
US

3. Date Incorporated or Qualified
04/13/1992

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

4. FEI Number
65-0324757

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

LOMBARDI, SILVANA E
25 SW 2ND AVE
SUITE 301
MIAMI FL 33131

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, to be in, 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 Silvana Lombardi - Vice President

Feb 06, 1996

Signature by and for printed name of registered agent and to be applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
LOMBARDI, SILVANA E
25 SE 2ND AVE., #301
MIAMI FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
ANSALDI, RICARDO J.
25 S.E. 2ND AVE. # 307
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
LOMBARDI, SILVANA
25 S.E. 2ND AVE. # 307
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PSD
EDUARDO JORGE CAREY
25 S.E. 2ND AVE. #301
MIAMI FL 33131

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

VTD
SILVANA LOMBARDI
25 S.E. 2ND AVE. # 301
MIAMI FL 33131

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 an address.

SIGNATURE Silvana Lombardi - Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

305-579-9820

CR2E034 (12/95)