

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

95 MAY 10 AM 10:35

DOCUMENT # **V33310**

(6)

To: Corporation Name

RON ALVAREZ CAMP, S.A., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1205 SW 37 AVENUE
300
MIAMI FL 33135
US

1205 SW 37 AVENUE
300
MIAMI FL 33135
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized 05/04/1992	38. Date of Last Report 04/26/1994
4. FID Number 65-0336943	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
7. This corporation has liability for intangible tax under S. 196.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Office	2a. Mailing Address
21. Street, Apt. #, etc.	26. Street, Apt. #, etc.
22. City, State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

CLAUDIO I. ALVAREZ
1205 SW 37TH AVE, STE 300
MIAMI FL 33135

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

11. Pursuant to the provisions of Sections 607 and 608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 duties of the registered agent as prescribed by Florida Statutes.

SIGNATURE

[Signature]

5/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked equally for the information stated on this form. I certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation and that I am authorized to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or additions attached with an address.

SIGNATURE:

SIGNATURE AND APPLIED OR PRINTED NAME OF BOARD OF DIRECTOR OR DIRECTOR

[Signature]

5/3/95 (305) 448-8255