

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V42938

(3)

1. Corporation Name

PONTAL INTERNATIONAL CORPORATION

Principal Place of Business

**6985 N.W. 82 AVE.
BAY 42
MIAMI FL 33166**

Mailing Address

**6985 N.W. 82 AVE.
BAY 42
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/08/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0340903

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

21 **150 S.E. 2nd AVE**

2a. Mailing Address

26 **150 S.E. 2nd AVENUE**

Suite, Apt. #, etc.

22 **SUITE 501**

Suite, Apt. #, etc.

27 **SUITE 501**

City & State

23 **MIAMI, FL 33131**

City & State

28 **MIAMI, FL 33131**

Zip

24 **33131**

Country

25 **USA**

Zip

29 **33131**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**PEIXOTO, ANA MARIA
6985 N.W. 82 AVE.
BAY 42
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name
ANA MARIA PEIXOTO

82 Street Address (P.O. Box Number is Not Acceptable)
150 S.E. 2nd AVENUE

83

84 City
MIAMI

FL

85 Zip Code
33131

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
PEIXOTO, ANA MARIA P.
STREET ADDRESS
1450 SOUTH BAYSHORE DRIVE, APT. 611
CITY - ST - ZIP
MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

[Signature]

ANA MARIA P. PEIXOTO

04-24-95 (305) 577-8873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #