

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 21 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48725** (8)

1. Corporation Name

FORMIS CONTEMPUS, INC.

300001463503

-04/24/95--01070--001

*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/08/1992	3a. Date of Last Report 06/17/1994
4. FBI Number 65-0360430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRELLES, ALBERTO N.
~~8100 S DADELAND BLVD~~ **999 PONCE DE LEON BLVD**
~~SUITE 1410~~ **#1000**
~~MIAMI FL 33150~~ **CALAL GARBUS, FL. 33131**

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

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MALAVE, ADOLFO
STREET ADDRESS	1428 BRICKELL AVENUE, S-208
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	LANDA, RAFAEL
STREET ADDRESS	1428 BRICKELL AVENUE, S-208
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	LANDA, RAFAEL
STREET ADDRESS	625 S DAYNORE DR #104
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in 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 included 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, and that my signature is the signature of the person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)

2

**POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS**

That I, Adolfo Malave, as President for FORMIS CONTEMPUS, INC. have made, constituted and appointed, and by these presents does make, constitute and appoint ALBERTO N. TRELLES true and lawful attorney for them and in their name, place and stead:

TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO COMPLY WITH THE CORPORATION ANNUAL REPORT.

giving and granting unto ALBERTO N. TRELLES said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that ALBERTO N. TRELLES said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the ^{17th} day of April, 1995.

Sealed and delivered in the presence of

Susan Villanar }
Margely Rosa }

By: [Signature]

State of Florida
County of Dade

Be It Known, That on the 7th day of April, 1995, before me, Margely Rosa a

NOTARY PUBLIC in and for the State of Florida duly commissioned and sworn, dwelling in the City of Miami, County of Dade, personally came and appeared

Adolfo Malave as President of Formis Contempus to me personally known, and known to me to be the same persons described in and who executed the within power of attorney, and acknowledged the within power of attorney to be the act and deed.