

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V48725** (8)

1. Corporation Name

FORMIS CONTEMPUS, INC.



Principal Place of Business

**1428 BRICKELL AVENUE
SUITE 208
MIAMI FL 33131
US**

Mailing Address

**1428 BRICKELL AVENUE
SUITE 208
MIAMI FL 33131
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TRELLES, ALBERTO N.
999 PONCE DE LEON BLVD
~~SUITE 1000~~
CORAL GABLES, FL 33131**

POST BOX - SUITE 1150

3. Date Incorporated or Qualified

07/08/1992

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0360430

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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, 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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MALAVE, ADOLFO**
STREET ADDRESS **1428 BRICKELL AVENUE, S-208**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VPST
MALAVE, ADOLFO**
STREET ADDRESS **1428 BRICKELL AVENUE, S-208**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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, changing it on an amendment with an address.

SIGNATURE

Signature typed or printed name of signing officer or director

Alberto N. Trelles

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

000001840870

-05/28/96--01034--028

*****225.00**

ae 5/28/96

5/16/96 (205) 445-4668

CR2E034 (12/95)

**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.

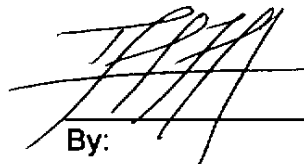
giving and granting unto ALBERTO N. TRELLES said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of 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 14 day of MAY, 1996.

Sealed and delivered in the presence of






By: _____

**State of Florida
County of Dade**

Be It Known, That on the 14 day of MAY, 1996, before me, Adolfo N. Trelles 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, INC., 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.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal of office the day and year last above written.

