

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V66172** (0)

1. Corporation Name

FITE INTERNATIONAL, INC.



Principal Place of Business

**7831 N.W. 15 STREET
MIAMI FL 33126
US**

Mailing Address

**7831 N.W. 15 STREET
MIAMI FL 33126
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FITE, JAMES H.
13395 SOUTHWEST 1ST TERR.
MIAMI FL 33184**

3. Date Incorporated or Qualified
09/24/1992

3a. Date of Last Report
09/25/1995

4. FEI Number
65-0410825

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

10. Name and Address of New Registered Agent

81 Name

Mark J. Bryn

82 Street Address (P.O. Box Number is Not Acceptable)

2 South Biscayne Boulevard, Suite 3599

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]

Mark J. Bryn

(Signature of Agent for Change of Registered Office)

June 4, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	FITE, LESLEY D.	
STREET ADDRESS	13395 SW 1ST TERR.	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	CST	☐ DELETE
NAME	FITE, JAMES H	
STREET ADDRESS	13395 S.W. 1ST TERRACE	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	D	☐ DELETE
NAME	ZURITA, GERSAN R	
STREET ADDRESS	1627 BRICKELL AVE #804	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	PCST
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	

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 officer 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
DATE

305-591-0207
BUSINESS PHONE

CR2E034 (12/95)