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CORPORATION
ANNUAL REPORT

~~1995~~ 1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # V68241**

CONBIENES INTERNATIONAL OF MIAMI, INC.
400 S.W. 107 Avenue
Suite 307
Miami, Florida 33174

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, please indicate how it is incorrect and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address
21 400 S.W. 107 Avenue
22 Suite 307
23 Miami, Florida
24 33174

2a. Principle Place of Business
25 400 S.W. 107 Avenue
26 Suite 307
27 Miami, Florida
28 33174

3. Date Incorporated or Qualified 10/12/1992
3a. Date of Last Report 08/07/1995
4. FEI Number 65-0450868
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaigns Financing Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$138.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

JOAQUIN A. ALEMANY
901 Ponce de Leon Boulevard
Suite 500
Coral Gables, Florida 33134

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 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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

(Registered Agent Accepting Appointment)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D/P
1.2 NAME CARLOS CARAM
1.3 ADDRESS 400 S.W. 107 Avenue, Suite 307
1.4 CITY-ST-ZIP Miami, Florida 33174

2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE
1.2 NAME
1.3 ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE

Print/Type Name of Signing Officer or Director

CARLOS CARAM

Title(s)

President

Daytime Telephone Number

(305) 220-8602

DATE 7-30-96

CR2034 (11/92)