

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S11410 (5)

1. Corporation Name
KABAYAN, INC.

Principal Place of Business Mailing Address
**398 CHALLENGER RD
SUITE 102
CAPE CANAVERAL FL 32920
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/29/1990** 3a. Date of Last Report **04/21/1994**

4. FEI Number **59-3032232** 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**

6. This corporation has liability for intangible tax under S. 195.032,
Florida Statutes ☐ Yes ☒ No

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

**FERNANDO, ROMEO D., JR.
367 EMERSON DR NW
PALM BAY FL 32907**

10. Name and Address of New Registered Agent

81 Name **Romeo D. Fernando, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
399 Challenger Rd.
83 **Suite 102**
84 City **Cape Canaveral FL** 85 Zip Code **32920**

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, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDO, ROMEO D., JR.	1.2 NAME	
STREET ADDRESS	367 EMERSON DR., NW	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	VILLARUZ, FE V.	2.2 NAME	
STREET ADDRESS	367 EMERSON DR., NW	2.3 STREET ADDRESS	Resigned
CITY - ST - ZIP	PALM BAY FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	VILLARUZ, OSCAR V	3.2 NAME	
STREET ADDRESS	367 EMERSON DR NW	3.3 STREET ADDRESS	Resigned
CITY - ST - ZIP	PALM BAY FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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, or on an attachment with an address.

SIGNATURE:

Romeo D. Fernando, Jr.

ROMEO D. FERNANDO, JR.

4-24-95 (407) 783-0187

SIGNATURE AND INFO ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)