

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 # 563997

(6)

1. Corporation Name

MONDO CORPORAZIONE, INC.



Principal Place of Business

84 N.W. 22TH AVE
MIAMI FL 33125
US

Mailing Address

P.O. BOX 15677
WEST PALM BEACH FL 33415-5677
US

3. Date Incorporated or Qualified

04/11/1978

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1818814

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

9. Name and Address of Current Registered Agent

ABRAIRA, ANTONIO
8970 WENDY LANE, WEST
WEST PALM BEACH FL 33411

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 607.0712 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 is 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 607.0605, Florida Statutes.

Signature

(Signature of Registered Agent required only if changing status)

Date

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ABRAIRA, ANTONIO	1.2 NAME	
STREET ADDRESS	8970 WENDY LANE WEST	1.3 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ABRAIRA, ELENA	2.2 NAME	
STREET ADDRESS	8970 WENDY LANE WEST	2.3 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ABRAIRA, ANTONIO	3.2 NAME	
STREET ADDRESS	8970 WENDY LANE WEST	3.3 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH 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 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, if 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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELENA ABRAIRA

Date

Daytime Phone

02/09/96

541-6742

CR2E034 (12/95)