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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:04

DOCUMENT # 685605 (8)

1. Corporation Name

MAGALDI'S INC.

Principal Place of Business	Mailing Address
20690 NW 2 AVE MIAMI FL 33169 US	22 GLENCAIRN RD PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/27/1980
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 183 LONG KEY RD
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): KEY LARGO, FL.
Zip (24) / Country (25)
Zip (29): 33037 / Country (30): U.S.

4. FEI Number: 59-2022481 ☐ 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

KOLSKI, STEPHEN J
4408 PALMARITA
CORAL GABLES FL 33169

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 corporate 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☑ Change ☐ Addition: PTD
NAME	MAGALDI, RICHARD J	12 NAME	MAGALDI, RICHARD J.
STREET ADDRESS	22 GLEN CAIRN ROAD	13 STREET ADDR	183 LONG KEY ROAD
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	KEY LARGO, FL. 33037
TITLE	DVS	21 TITLE	☑ Change ☐ Addition: DVS
NAME	MAGALDI, MARION E	22 NAME	MAGALDI, MARION E.
STREET ADDRESS	22 GLEN CAIRN ROAD	23 STREET ADD	183 LONG KEY ROAD
CITY-ST-ZIP	PALM BEACH GARDENS FL	24 CITY-ST-ZIP	KEY LARGO FL. 33037
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADD	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADD	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADD	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADD	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does certify that the information indicated on this annual report or supplemental annual report is true; 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 if changed, or on an attachment with an address.

SIGNATURE: Marion E. Magaldi MARION
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

MAGALDI 1/17/95 305-451-9289
(Date) (Daytime Phone #)

0253000 CP