

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M52473 (9)**

1. Corporation Name
MAINARDI ENTERPRISES CO.



Principal Place of Business: **14373 SW 45TH TERRACE MIAMI FL 33175**
Mailing Address: **14373 SW 45TH TERRACE MIAMI FL 33175**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **05/21/1987** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-2805747** 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
**PEREIRA, ROLANDO F.
14373 SW 45TH STREET
MIAMI FL 33175**

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 607.0500 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 of Statewide Director (Not Applicable) _____

Signature of Registered Agent (Not Applicable) _____

DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P PEREIRA, ROLANDO R.	
NAME	PEREIRA, ROLANDO R.	
STREET ADDRESS	14373 SW 45TH TERRACE	
CITY- ST- ZIP	MIAMI FL	
TITLE	ST MAINARDI, LIDIA	<input type="checkbox"/> DELETE
NAME	MAINARDI, LIDIA	
STREET ADDRESS	14373 SW 45TH TERRACE	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE			
2. NAME			
3. STREET ADDRESS			
4. CITY- ST- ZIP			
5. TITLE			
6. NAME			
7. STREET ADDRESS			
8. CITY- ST- ZIP			
9. TITLE			
10. NAME			
11. STREET ADDRESS			
12. CITY- ST- ZIP			
13. TITLE			
14. NAME			
15. STREET ADDRESS			
16. 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROLANDO F. PEREIRA - PRESIDENT

3/21/96
DATE

CR2E034 (12/95)