FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

305 446-0972

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000037142 (5)

CEO AN	D NARDI INC.				
Principal Place of Business 2509 ANDERSON RD #1 CORAL GABLES FL 33134 US		Maiting Address 2509 ANDERSON RD #1 CORAL GABLES FL 33134-4864 US			
				3. Date Incorporated or Qualified 05/21/1993	3a. Date of Last Report 02/19/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0420490	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State)	City & State			Fee Required
23	•	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25 g. Name and Address of Current		10	Florida Statutes 10. Name and Address of New Reg	Yes No
OE0		Registered Agent	61 Name	10. Name and Address of New Hel	Jistered Agent
), ROCCO J B ANDERSON RD #1				
	RAL GABLES FL 33134	4	82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
			83		
			84 City		85 Zip Code
	10-1-0070500				<u>FL </u>
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.					
	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or penteo name of registered agent	and true Lapplicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TOTLE	PD CEO, ROCCO J	DELETE	1.1 TITLE		Change Addition
NAME Street address	2509 ANDERSON RD #1		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	VSTD	DELETE	2.1 TITLE		Change Addition
NAME	NARDI, MARIA		2.2 NAME		
STREET ADORESS	2509 ANDERSON RD. #1	•	2.3 STREET ADDRESS	·	
CITY-ST-ZIP	CORAL GABLES FL 33134-4864	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE NAME			31 TITLE 32 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADORESS		Ì
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME		← Dittir	5.1 TITLE 5.2 NAME		El cuente El vaguani
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAM:			6.2 NAME		{
Stheet Address			6.3 STREET ADDRESS		
CHY-SY-ZIP			6.4 CITY - ST - ZIP		_

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NG OFFICER OR DIRECTOR