

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000054272 (5)

1. Corporation Name

MARIA GRAZIA RAPISARDA, INC.

Principal Place of Business

1327 OSPREY COURT
HOMESTEAD FL 33035

Mailing Address

1327 OSPREY COURT
HOMESTEAD FL 33035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

65-0677692

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BOIKO, BRUCE M
7780 SW 117 AVE STE 100
MIAMI FL 33183

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 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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAPISARDA, ALFIO
STREET ADDRESS VIA VINCENZO BELLI N39 SAN GREFORIO CT
CITY-ST-ZIP SICILY, ITALY ☐ DELETE

TITLE D
NAME RAPISARDA, GIUSEPPE
STREET ADDRESS VIA VINCENZO BELLI N39 SAN GREFORIO CT
CITY-ST-ZIP SICILY, ITALY ☐ DELETE

TITLE D
NAME RAPISARDA, GIOVANNI
STREET ADDRESS VIA VINCENZO BELLI N39 SAN GREFORIO CT
CITY-ST-ZIP SICILY, ITALY ☐ DELETE

TITLE D
NAME RAPISARDA, PATRIZIA
STREET ADDRESS VIA VINCENZO BELLI N39 SAN GREFORIO CT
CITY-ST-ZIP SICILY, ITALY ☐ DELETE

TITLE STD
NAME MUNSON, ROBERTA
STREET ADDRESS 1372 OSPREY COURT
CITY-ST-ZIP HOMESTEAD FL 33035 ☐ DELETE

TITLE VD
NAME WRIGHT, ANTHONY
STREET ADDRESS 1372 OSPREY COURT
CITY-ST-ZIP HOMESTEAD FL 33035 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE STD
5.2 NAME MUNSON, ROBERTA
5.3 STREET ADDRESS 1593 S. GOLDENEYE LANE
5.4 CITY-ST-ZIP HOMESTEAD FL. 33035 ☒ Change ☐ Addition

6.1 TITLE VD
6.2 NAME WRIGHT, ANTHONY
6.3 STREET ADDRESS 1593 S. GOLDENEYE LANE
6.4 CITY-ST-ZIP HOMESTEAD FL. 33035 ☒ Change ☐ Addition

14. I 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.

SIGNATURE:

Roberta Munson

KB 23, 1998 235206

CR2E034 (10/97)