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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 367451

(2)

1. Corporation Name
MALIO'S, INC.

Principal Place of Business

Mailing Address

801 S DALE MABRY
P O BOX 18534
TAMPA FL 33678

301 S DALE MABRY
P O BOX 18534
TAMPA FL 33678-8534

3. Date Incorporated or Qualified
07/27/1970

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 801 S. DALE MABRY HWY 26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1298565

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

City & State

City & State

23 TAMPA, FL

28

Zip

Country

Zip

Country

24 33609

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IYARONE, MALIO J.
3435 BAYSHORE BLVD. #301
TAMPA FL 33629

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SANCHEZ, RAY
STREET ADDRESS 13812 MILL COVE CIR
CITY-ST-ZIP TAMPA, FL 0

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SANCHEZ, DENNIS G
STREET ADDRESS 2413 BAYSHORE BLVD #404
CITY-ST-ZIP TAMPA, FL 0

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME IYARONE, MALIO J.
STREET ADDRESS 3435 BAYSHORE BLVD. #301
CITY-ST-ZIP TAMPA, FL 0

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME IYARONE, SHIRLEY
STREET ADDRESS 3435 BAYSHORE BLVD. #301
CITY-ST-ZIP TAMPA FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

4-9-97 (813) 879-3733

CR2E034 (9/96)