

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 394667 (0)

1. Corporation Name
CALTAX, INC.



Principal Place of Business

2515 S.W. 8TH STREET
MIAMI FL 33135

Mailing Address

2515 S.W. 8TH STREET
MIAMI FL 33135

3. Date Incorporated or Qualified
01/24/1972

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1378364

Applied For
Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

27

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRETE, RICHARD
2515 S.W. 8TH STREET
MIAMI FL 33135

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, if not applicable,

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE

NAME PRETE, CHARLES A, JR
STREET ADDRESS 11370 NW 23RD STREET
CITY-STATE-ZIP PEMBROKE PINES FL

TITLE STP ☐ DELETE

NAME PRETE, RICHARD C.
STREET ADDRESS 8401 SW 53RD AVE.
CITY-STATE-ZIP MIAMI, FL 00000

TITLE VD ☐ DELETE

NAME PRETE, ANTHONY P
STREET ADDRESS 8716 SPRING SHORE DR
CITY-STATE-ZIP TALLAHASSEE, FL 00000

TITLE VD ☐ DELETE

NAME ANTONACCI, LAWRENCE P.
STREET ADDRESS 15962 SW 78 PL.
CITY-STATE-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME PRETE, PAUL J
STREET ADDRESS 12245 CROTON WAY
CITY-STATE-ZIP COOPER CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)