

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **400548** (4)

1. Corporation Name

TALARIA, INC.

Principal Place of Business

% C. WILLIAM LAYSTROM JR.
1177 SE 3RD AVE.
FT. LAUDERDALE FL 33316

Mailing Address

% C. WILLIAM LAYSTROM JR.
1177 SE 3RD AVE.
FT. LAUDERDALE FL 33316



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

LAYSTROM, C. WILLIAM, JR.
1177 SE THIRD AVENUE
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified

05/05/1972

3a. Date of Last Report

07/21/1995

4. FET Number

NOT APPLICABLE

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

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 removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DJOBADZE, ETERIA MARIA
STREET ADDRESS 4200 PARKSIDE PLACE
CITY-ST-ZIP CARLSBAD CA ☒ DELETE

TITLE STD
NAME HOTZ, PAUL
STREET ADDRESS 4200 PARKSIDE PLACE
CITY-ST-ZIP CARLSBAD, CA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME ELVIRA MINOTTI
1.3 STREET ADDRESS VIA GARAVAI, 6807
1.4 CITY-ST-ZIP TAVERNE, SWITZERLAND ☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME STEFANO SCOSSA
2.3 STREET ADDRESS VIA MERLINA 28,6982
2.4 CITY-ST-ZIP VIGANELLO-SWITZERLAND ☒ Change ☐ Addition

3.1 TITLE ASST. S
3.2 NAME C. WILLIAM LAYSTROM, JR.
3.3 STREET ADDRESS 1177 S.E. THIRD AVENUE
3.4 CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33316 ☐ Change ☒ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

William Laystrom, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Sec. WILLIAM LAYSTROM, JR. 031996 754-525-3441
Date Daytime Phone

CR2E034 (12/95)