FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 30 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **483932** **(0)**

1. Current Name

MAZZONE SNACK FOODS, INC.

Principal Address:

5923 RAVENSWOOD ROAD
BLDG. G BOYS 18-20
FT. LAUDERDALE FL 33312-3698

Mailing Address:

5923 RAVENSWOOD ROAD
BLDG. G. BAYS 18-20
FT. LAUDERDALE FL 33312-3698
US

(Leave blank if same as above)

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

City & State
23

City & State
28

24 25 29 30

3a. Date of Incorporation or Qualification: **09/04/1975**

3b. Date of Last Report: **04/27/1994**

4. FEI Number: **59-1643370**

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Florida Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation is a qualified business under section 288.9627, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PELLEGATTI, FRANK
3959 NW 87TH AVE.
SUNRISE FL 33351

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 Section 607.0501 and 607.1505, 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

(If changing registered agent, registered agent must sign here.) (If changing registered office address, an officer must sign here.)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
1ST TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	PELLEGATTI, FRANK	1. NAME	
STREET ADDRESS	3959 NW 87TH AVENUE	1. STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1. CITY-ST-ZIP	ZIP CODE 33351
2ND TITLE		2. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY-ST-ZIP		2. CITY-ST-ZIP	
3RD TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
4TH TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
5TH TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
6TH TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I declare, certify that the information supplied with this filing is voluntarily furnished and 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 1, 2 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Frank Pellegatti FRANK PELLEGATTI 5/15/95 305-741-8064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

022703 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **484812** **(3)**

1. Corporate Name

MARQUES AND ORIZONDO, M.D., P.A.

Principal Place of Business

% JOSE I MARQUES, MD
885 N POWERS DR, STE-D
ORLANDO FL 32818

Mailing Address

% JOSE I MARQUES, MD
885 N POWERS DR, STE-D
ORLANDO FL 32818

(Document Will Be Returned to this Address)

3. Date Incorporated / Qualified: **09/22/1975**	3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-1624087**	☐ 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
7. Is the corporation currently subject to penalty or interest under Florida Statutes? ☐ Yes ☐ No	

21 Street Address:
22 Suite, Apt. # or Bldg.:
23 City & State:
24 ZIP:
25 County:

26 Street Address:
27 Suite, Apt. # or Bldg.:
28 City & State:
29 ZIP:
30 County:

9. Name and Address of Current Registered Agent

MARQUES, JOSE I., M.D.
885 N. POWERS DR
ORLANDO FL 32808

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 section 607.1505, 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. The corporation is authorized to do so. If the change is for the purpose of changing the registered agent, the new registered agent has agreed to act in that capacity, as required by section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICER AND DIRECTOR DATA

Title	P
Name	ORIZONDO, H.C., M.D.
Address	3320 STONEWOOD COURT
City-State-Zip	ORLANDO FL
Title	T
Name	MARQUES, J.I., M.D.
Address	885 N. POWERS DR
City-State-Zip	ORLANDO FL

13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR DATA

Title		☐ Change ☐ Addition
Name		☐ Change ☐ Addition
Address		☐ Change ☐ Addition
City-State-Zip		☐ Change ☐ Addition
Title		☐ Change ☐ Addition
Name		☐ Change ☐ Addition
Address		☐ Change ☐ Addition
City-State-Zip		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that, subject to the penalties set forth in section 817.155, Florida Statutes, I further certify that the corporation has paid all fees due to the Department of State that are identified for filing with this report, and that my name appears in Block 12 or Block 13 above with the title(s) for which I am filing this report.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0060618 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 MAY 12 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **489660** **(1)**

1. Corporate Name
AAA SECURITY CORPORATION

Principal Place of Business
5920 S.W. 93RD CT
MIAMI FL 33173

Mailing Address
5920 S.W. 93RD CT.
MIAMI FL 33173

(FOR OFFICE USE ONLY)

3. Date Incorporated or Qualified: **11/17/1975**
3a. Date of Last Report: **06/16/1994**

2. Principal Place of Business
21
State, Apt. # or Suite
22
City & State
23
ZIP
24
County
25

2a. Mailing Address
26
State, Apt. # or Suite
27
City & State
28
ZIP
29
County
30

4. FEI Number: **59-1633754** ☐ 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 corporate tax under S. 199 U.S.C.* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPOS, KARINA
5920 S.W. 93RD COURT
MIAMI FL 33173

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 Section 607.0505 and 607.1008, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

01 TITLE	PD
NAME	CAMPOS, IRAN
STREET ADDRESS	5920 SW 93 COURT
CITY ST ZIP	MIAMI FL
02 TITLE	STD
NAME	CAMPOS, KARINA
STREET ADDRESS	5920 SW 93 COURT
CITY ST ZIP	MIAMI FL
03 TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
04 TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
05 TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
06 TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS (ANY) TO OFFICERS AND DIRECTORS, IF ANY

01 TITLE	☐ Change ☐ Addition
02 NAME	
03 STREET ADDRESS	
04 CITY ST ZIP	
05 TITLE	☐ Change ☐ Addition
06 NAME	
07 STREET ADDRESS	
08 CITY ST ZIP	
09 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY ST ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY ST ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	

14. I declare that I have examined the information supplied with this report, including any accompanying documents, and that all information required by Chapter 607, Florida Statutes, to be supplied with this report is true, accurate and complete. I further declare 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 above, or on an attachment with an address.

SIGNATURE: Iran Campos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

01M231 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 495836 (9)

1. Corporation Name
FARMACIA ENRIQUE, INC.

Principal Place of Business
820 E. 41ST ST.
HIALEAH FL 33013

Mailing Address
820 E. 41ST ST.
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1976
3a. Date of Last Report: 01/20/1994

4. FEI Number: 59-1771271 — 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

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONCEPCION, CARLOS F.
9100 S. DADELAND BLVD. #1406
MIAMI FL 33156

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NAVARRO, ANGEL
STREET ADDRESS	820 E. 41ST ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	STD
NAME	NAVARRO, YOLANDA
STREET ADDRESS	820 E. 41ST ST.
CITY-ST-ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-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)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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: Yolanda Q. Navarro — 5-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003719 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

MAY 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 497165 (1)

1. CASTELLANO AIR CONDITIONING AND HEATING, INC.

2204 N. ARMENIA AVE. TAMPA FL 33607	2204 N. ARMENIA AVE. TAMPA FL 33607

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation / Qualification: 02/23/1976
3a. Date of Last Report: 05/10/1994

21 2204 N. ARMENIA AV
22 1
23 TAMPA, FLA.
24 33607 25 HILLSBOROUGH

26 SAME
27
28
29 30

4. FEI Number: 59-1648995 ☐ 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. The corporation is qualified for the purposes of business under s. 607.1501, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTELLANO, THOMAS C.
2705 W. LOUISIANA AVE.
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 ZIP Code

11. Pursuant to the provisions of section 607.1505, 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. The changes were 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 OF NEW REGISTERED AGENT (IF CHANGING) DATE

12. OFFICER AND/OR DIRECTOR

TITLE	ST
NAME	CASTELLANO, CAROL J
ADDRESS	2705 W LOUISIANA AVE
CITY-ST-ZIP	TAMPA FL
TITLE	P
NAME	CASTELLANO, THOMAS C
ADDRESS	2705 W LOUISIANA AVE
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that such information complies with the requirements of section 607.1622, Florida Statutes. I further certify that the corporation has complied with the annual report or supplemental annual report filing requirements of chapter 607, Florida Statutes and that my name appears above, or on an attachment with an address, is the person authorized to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: CAROL J. CASTELLANO 5-16-95 877-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0202472 CP