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
95 MAR 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **488954** **(9)**

1. Corporation Name
VASSALLO, INC.

Principal Place of Business	Mailing Address
HSY 60 WSCL RR LAKE WALES FL 33853 US	HWY 60 W. SCL RR (LAKE WALES, FL 33853) PO BOX 473 COTO LAUREL PR 00780-0473

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/04/1975**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: **PO BOX 473**

City & State — 23
City & State — 28: **COTO LAUREL**

Zip — 24
Country — 25
Zip — 29: **00780**
Country — 30: **PR**

4. FEI Number: **59-1627554** ☐ 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

9. Name and Address of Current Registered Agent

PENA, JOSE
4206 SPRING WAY CIRCLE
VALRICO FL 33594

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	VASSALLO, SALVADOR	1.2 NAME		
STREET ADDRESS	URBANIZACION EL MONTE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PONCE, PUERTO RICO 00000	1.4 CITY-ST-ZIP	PONCE PR 00731	
TITLE	TD	2.1 TITLE		☒ Change ☐ Addition
NAME	VASSALLO, DAISY	2.2 NAME		
STREET ADDRESS	URBANIZACION EL MONTE	2.3 STREET ADDRESS	PONCE PR 00731	
CITY-ST-ZIP	PONCE, PUERTO RICO 00000	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☒ Change ☐ Addition
NAME	VASSALLO, FELIX V	3.2 NAME		
STREET ADDRESS	URBANIZACION EL MONTE	3.3 STREET ADDRESS	PONCE PR 00731	
CITY-ST-ZIP	PONCE, PUERTO RICO 00000	3.4 CITY-ST-ZIP		
TITLE	VO	4.1 TITLE		☐ Change ☒ Addition
NAME	PENA, JOSE M.	4.2 NAME		
STREET ADDRESS	4206 SPRING WAYCIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	33594	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: _____ **March 10, 1995** **(809) 848-1515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483300 FN