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

1. Corporation Name
VASSALLO, INC.

Principal Place of Business
HSY 60 WSCL RR
LAKE WALES FL 33853
US

Mailing Address
HWY 60 W. SCL RR (LAKE WALES, FL 33853)
PO BOX 473
COTO LAUREL PR 00780
US

3. Date Incorporated or Qualified: 11/04/1975
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	PO BOX 473
City & State 23		City & State 28	COTO LAUREL PR
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 ____

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

12.		13.	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	VASSALLO, SALVADOR	1.2 NAME	URBANIZACION EL MONTE E #30
STREET ADDRESS	URBANIZACION EL MONTE	1.3 STREET ADDRESS	PONCE PR 00731
CITY-ST-ZIP	PONCE, PUERTO RICO 00000	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	VASSALLO, DAISY	2.2 NAME	
STREET ADDRESS	URBANIZACION EL MONTE	2.3 STREET ADDRESS	URBANIZACION EL MONTE A #4
CITY-ST-ZIP	PONCE, PUERTO RICO 00000	2.4 CITY-ST-ZIP	PONCE PR 00731
TITLE	DS ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	VASSALLO, FELIX V	3.2 NAME	
STREET ADDRESS	URBANIZACION EL MONTE	3.3 STREET ADDRESS	URBANIZACION EL MONTE A #2
CITY-ST-ZIP	PONCE, PUERTO RICO 00000	3.4 CITY-ST-ZIP	PONCE PR 00731
TITLE	VO ☐ DELETE	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	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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)(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: FELIX V. VASSALLO *Felix V. Vassallo* — MARCH 9, 1996 — (809) 848-1515

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

CR2E034 (12/95)