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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TWEED OF PRINTED



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	996	DIVISION OF	CORPORA	TIONS	_			
1. Corporation I	Name	` '	***					
GEORG	E J. CAVAGNARO CPA,PI	ROFESSIONAL ASSO	CIATION		I ITALIA ANIN AANIA NAIR JAWA ANIN	ı ab ir eren bibli	BIANI BIBN	
Principal Place o	of Rusiness	Mailing Address						
10801 SW 67		10801 SW 67TH AVE						
BASS O DIXIE	mount De 10Te	1000 20 DINIC THIN ST	*					
MIAMI FL 33156 US US US					3. Date Incorporated or Qualified	3a, Date	of Last F	leport
		03			07/13/1971	04/20/1995		
. Principal Place of Business		2a. Mailing Address			4. FEI Number		<u> </u>	Applied For
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			59-1356442			Not Applicable Additional
2	•	27			5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing			0 May Be
3] Zip	Country	28	Coun	trv	Trust Fund Contribution 8. This corporation has liability for			d to Fees 199 032
4	25	29	30	,		Mo Mo	GIRGOI B	105.002,
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered A	gent	
			['	B1 Name				
CAVAGNARO, GEORGE J				32 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
10801 SW 67 AVE MIAMI FL 33152			ļ.	3				
MICHAIL L	33132						T1 ***	
				B4 City	ration submits this statement for the pur	FL		p Code
SIGNATURE	d agent, or both, in the State of Flori , and accept the obligations of, Sec gnature, typed or printed name of registered agen			orporation's boa	rd of directors. I hereby accept the app	Ointment as r	egistered	l agent. I am
2.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
TILE HAME	PD Cavagnaro, George J	☐ DELETE	1 1 TIT 12 NAM				Change	☐ Addition
TREET ADDRESS	10801 SW 67TH AVE			EET ADDRESS				
CITY-ST-ZIP	MAIMI FL			r-ST-ZIP				
TILE		☐ DELETE	2 1 1 1	LÉ			Change	Addition
AAME			2 2 NAN					
THEET ADDRESS				EET ADDRESS				
ITLE		DELETE	3. 1 TiTi	(-ST-ZIP LE			Change	Addition
LAME			3 2 NAA	ÆE .		_		_
TREET ADDRESS			3.3 STF	REET ADDRESS				
PTY-ST-ZiP				(-S1-ZIP				<u></u>
:TLF		☐ DELETE	4.1111				Change	☐ Addition
THEET ADDRESS			4 2 NAN 4 3 STR	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
ITLE		☐ DELETÉ	5. 1 T(T)				Change	Addition
AME			5.2 NAM	16				
TREE ADDRESS				EET ADDRESS				
ITY-ST-ZIP		☐ DELETE		r-ST-ZIP			Change	☐ Addition
IAME		[] precu	6 1 TIT:			L	Change	T MOUNDS
STREET ADDRESS				EET ADDRESS				
DITY-ST-ZIP				'-S1-ZIP				
certify that the certify that I a	he information indicated on this anni am an officer or director of the corpo Block 12 or Block 13 if changed, of	ual report or supplemental ann vation or the receiver or truste	ual report is e empowere	true and accura	or the exemption stated in Section 119. Ite and that my signature shall have the s report as required by Chapter 607, Fluid 123/96	same legal e	fect as it	made under

Daytinic Phone #