FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 664397

(7)

RICHARD J. TESTA, INC.

FILED

Apr 18 1997 8:00am

Secretary of State

Principal Place of Business		Mailing Addre	Mailing Address			a induite brille brille arbbe vivin johis 1901				
80 N.W. 14 STREET HOMESTEAD FL 33030			50 N.W. 14 STREET HOMESTEAD FL 33030-4238							
						3. Date Incorporated or Qualified 02/11/1980	3a. Date of Las	•		
2. Principal Place of Business		heren a	2a. Mailing Address			4. FEI Number	Applied For			
21		26				59-1968120	59-1968120 Not Applicable			
Suite, Apt. #, etc.			Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional				
22 City & State		27					Fee	Required		
23		F1	City & State			· - •	6. Election Campaign Financing \$5.00 May Be			
Zip	Country	28] Zip		Country		Trust Fund Contribution		d to Fees		
24	25	29	30	, contra		8. This corporation has liability for Elorida Statutes	ntangible tax under Yes - { } No	s. 199.032,		
	9. Name and Address of C					10. Name and Address of New Re				
TEST	TA, DIANE MARIE			81	Nam					
	5 S.W. 114TH COURT									
	Al FL 33176			82	Stree	et Address (P.O. Box Number is Not Acceptab	ddress (P.O. Box Number is Not Acceptable)			
With Mi	III 1 E 00 1/0			83						
		,								
				84	City		FL 85 Zi	p Code		
i office of re	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Horida, Such cha	irige was authori	zed by	the co	rd corporation submits this statement for the porporation's board of directors. I hereby accep	urooco of changing	its registered as registered		
SIGNATURE	Signature typed or printed name of registe					re required when reinstaturg)	···			
12.		RS AND DIRECTORS	11		in signal.	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTO	100 IN 12		
TITLE	DP			1 TO LE		7.0071071071111111111111111111111111111	Change			
NAME	TESTA, RICHARD J			2 NAME				7.00		
STREET ADDRESS	12925 SW 114TH CT			STHEET	ADDRESS					
CITY-ST-ZIP	MIAMI, FL 00000			CITY-S						
TITLE				TATLE			Change	Addition		
NAME			2.2	? NAME						
STREET ADDRESS			2.3	STREET	ADDRESS					
CITY-ST-ZIP				4 CITY-S						
TITLE				TITLE			Change	Addition		
NAME			3.2	NAME						
STREET ADDRESS			3.3	STREET	ADDHESS					
CITY-ST-ZIP				I. CITY - S						
TITLE			~	TITLE			Change	Addition		
NAME			4. 2	2 NAME						
STREET ADDRESS			4.3	STREET /	ADDRESS			Į		
CITY-ST-ZIP				CITY - ST				ĺ		
TITLE				TITLE			Change	Addition		
NAME				NAME						
STREET ADDRESS				STREET	ADDRESS					
CITY-ST-ZIP				CITY-ST				ļ		
TITLE			F . F	THLE			☐ Change	Addition		
NAME				NAME						
STREET ADDRESS			•	STREET	NDORESS.					
CITY-ST-ZIP				CITY-ST						

14. I do hereby certify that the information supplied with this filing 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 logal 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.