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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 674721

(6)

1. Corporation Name

P. TAVILLA CO. (MIAMI), INC.

Principal Place of Business

1245 NW 21ST ST.  
MIAMI FL 33142

Mailing Address

8801 EXCHANGE DR  
ORLANDO FL 32809-7970

3. Date Incorporated or Qualified

06/24/1980

3a. Date of Last Report

03/15/1996

4. FEI Number

59-2005074

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 Country

24 25

2a. Mailing Address

26 15303 Dallas Parkway

27 Suite, Apt. #, etc.

#1250

28 City & State

Dallas, Tx

29 Zip Country

75248 30 USA

9. Name and Address of Current Registered Agent

EVANS, WANDA  
C/O RED'S MARKET, INC.  
8801 EXCHANGE DR.  
ORLANDO FL 32809

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

Sign above typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WALTER R. VASQUEZ  
STREET ADDRESS 1245 NW 21ST TERR  
CITY-ST-ZIP MIAMI FL 33142

TITLE ST ☐ DELETE

NAME EVANS, WANDA  
STREET ADDRESS 8801 EXCHANGE DR  
CITY-ST-ZIP ORLANDO FL 32809

TITLE AS ☐ DELETE

NAME KRUK, BERNADETTE  
STREET ADDRESS 15303 DALLAS PKWY  
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR/ASST TREAS. ☐ Change ☒ Addition

1.2 NAME BRIAN M. STURGEON  
1.3 STREET ADDRESS 15303 DALLAS PKWY, #1250  
1.4 CITY-ST-ZIP DALLAS, TX 75248

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME JAY MOORE  
2.3 STREET ADDRESS 5949 SOUTH EASTERN AVE  
2.4 CITY-ST-ZIP LOS ANGELES, CA 90040

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

Bernadette M. Kruk REQUIRED

3/10/97

Date

972-687-8282

Daytime Phone #

CR2E034 (9/96)