

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 679632 (0)

1. Corporation Name

SECONDO, INC.



Principal Place of Business
JOHN
% DOMENICO SECONDO
16551 NE 8TH AVENUE
N. MIAMI BEACH FL 33162

Mailing Address
JOHN
% DOMENICO SECONDO
16551 NE 8TH AVENUE
N. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified
07/24/1980

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-2047984

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SECONDO, DOMENICO - JOHN
16551 N.E. 8TH AVENUE
N. MIAMI BEACH FL

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

Signature of Registered Agent and of Registered Agent, if applicable

(NOTE: Registered Agent signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
ST
SECONDO, ESTERINA
16551 NE 8TH AVE
N MIAMI BCH, FL 00000

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
P
SECONDO, JOHN
16551 NE 8TH AVE
N MIAMI BCH, FL 00000

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
SECONDO, DOMENICO
16413 NE 8TH AVE
N. MIAMI BCH. FL

13 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

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14 CITY - ST - ZIP ☐ Change ☐ Addition

15 CITY - ST - ZIP ☐ Change ☐ Addition

16 CITY - ST - ZIP ☐ Change ☐ Addition

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27 CITY - ST - ZIP ☐ Change ☐ Addition

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29 CITY - ST - ZIP ☐ Change ☐ Addition

30 CITY - ST - ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Secondo John Secondo 8-1-96 305 945 4790

CR2E034 (3/96)