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

**PROFIT** CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

0221659

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 679632

(0)

SECONDO, INC.

Principal Place of Business Mailing Address SECONDO, JOHN SECONDO. JOHN 16551 NE BTH AVENUE 16551 NE BTH AVENUE N. MIAMI BEACH FL 33162-3676 N. MIAMI BEACH FL 33162 3a. Date of Last Report 3. Date incorporated or Qualified 07/24/1980 08/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2047984 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032. Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SECONDO, JOHN 16551 N.E. 8TH AVENUE Street Address (P.O. Box Number is Not Acceptable) N. MIAMI BEACH FL 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Significantly types or process as exerciting patient agent and title it applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) □ DELETE Change Addition TITLE 1.1 TITLE SECONDO, ESTERINA NAME 1.2 NAME CR2E034 16551 NE 8TH AVE STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BCH, FL 00000 23/67 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition SECONDO, JOHN 2.2 NAME NAME 16551 NE 8TH AVE STREET ADDRESS 2.3 STREET ADDRESS 33/6~ N MIAMI BCH, FL 00000 2 4 CITY-ST-ZIP CITY - ST - ZIP SECONDO, DOMENICO DELETE Addition FITLE **VP** 3.1 TITLE SECONDO, EXIMENIESO NAME 3.2 NAME 16551 NE 8 AVE 10410 NE OTH AVE. STREET ADDRESS 3 3 STREET ADDRESS 33*K*V N. MIAMI BCH. FL 3.4. City-St-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAM: 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE \_\_\_ Addition THE 5.1 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 719 5.4 CITY - ST - ZIP DELETE 31117 Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY - ST - ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name