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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 685605 (8)

1. Corporation Name
MAGALDI'S INC.

Principal Place of Business

20680 NW 2 AVE
MIAMI FL 33169
US

Mailing Address

22 GLENCAIRN RD
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26 **183 LONG KEY RD**

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

KEY LARGO FL.

29

33037

US.

9. Name and Address of Current Registered Agent

**KOLSKI, STEPHEN J
4408 PALMARITA
CORAL GABLES FL 33169**

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 corporate 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, typed or printed name of registered agent and filed application

(NOTE: Registered Agent sign required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MAGALDI, RICHARD J
22 GLEN CAIRN ROAD
PALM BEACH GARDENS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
MAGALDI, MARION E
22 GLEN CAIRN ROAD
PALM BEACH GARDENS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**PTD
MAGALDI, RICHARD J.
183 LONG KEY ROAD
KEY LARGO, FL. 33037**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**DVS
MAGALDI, MARION E.
183 LONG KEY ROAD
KEY LARGO FL. 33037**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not contain any information that is false or misleading. I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name

is for the corporation stated in Section 119.02(9)(a), Florida Statutes. I further certify that my signature shall have the same legal effect as if made under this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: *Marion E. Magaldi* **MARION**
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

MAGALDI **1/17/95** **305-451-9289**
DATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JUN 20 1995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1980 3b. Date of Last Report 01/25/1994

4. FEI Number 59-2022481 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

10. Name and Address of New Registered Agent