

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 694907

(7)

1. Corporation Name

AURIGA BUILDING CORP.

Principal Place of Business

91 MOFFIT BLVD., SUITE C  
BAYSHORE NY 11706

Mailing Address

91 MOFFIT BLVD., SUITE C  
BAYSHORE NY 11706



2. Principal Place of Business

2a. Mailing Address

21 62 COLONY DRIVE

26 62 COLONY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 HOLBROOK, NEW YORK

28 HOLBROOK, NEW YORK

Zip

Country

Zip

Country

24 11741-2811

25 SUFFOLK

29 11741-2811

30 SUFFOLK

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
07/16/1981

3a. Date of Last Report  
02/01/1995

4. FEI Number  
11-2574701

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. 193.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

ALBANO, CARMINE C  
7332 ESTRELLA CT.  
BOCA RATON FL 33433

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME ALBANO, CARMINE C.  
STREET ADDRESS 31 CELANO LANE  
CITY-STATE-ZIP WEST ISLIP NY

TITLE NAME ☐ DELETE

NAME ALBANO, CARMINE C.  
STREET ADDRESS 31 CELANO LANE  
CITY-STATE-ZIP WEST ISLIP NY

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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

SIGNATURE:

Carmine C. Albano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 24, 1996 (516)654-1880

Daytime Phone #

CR2E034 (12/95)