FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745659** **(3)**

1. Corporate Name
VOTARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P. O. BOX 60-1684 NORTH MIAMI BEACH FL 33160	P. O. BOX 60-1684 NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 01/23/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-2971605 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / County (25) / Zip (29) / County (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHIARATO, UGO V.
326 71ST STREET
MIAMI BEACH FL 33141

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 _____ (DATE)
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed, typed or printed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition PD
NAME	CHIARATO, UGO V	12 NAME	CHIARATO, UGO V.
STREET ADDRESS	~~900 PEMBROKE ROAD~~	13 STREET ADDRESS	326 71ST STREET
CITY ST ZIP	~~HALLANDALE FL~~	14 CITY ST ZIP	MIAMI BEACH FL. 33141
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	THOMAS, NATIELLO	22 NAME	
STREET ADDRESS	1205 MARIPOSA AVE	23 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RICCIARDELLI, JOHN L.	32 NAME	
STREET ADDRESS	11420 N. BAYSHORE DRIVE	33 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	AMBROSINO, CARLO	42 NAME	
STREET ADDRESS	10802 S.W. 88TH STREET	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DIOGUARDI, JOSEPH	52 NAME	
STREET ADDRESS	188 P NEEDLE BLVD.	53 STREET ADDRESS	
CITY ST ZIP	OCALA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GRAZIANO, PASCALI	62 NAME	
STREET ADDRESS	~~12025 S.W. 23RD STREET~~	63 STREET ADDRESS	12525 S.W. 33 STREET
CITY ST ZIP	MIAMI FL ~~33175~~	64 CITY ST ZIP	MIAMI FL 33175

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

SIGNATURE: Ugo V Chiarato PRESIDENT — APRIL 26, 1995 — (305)861.2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
9.30 to 10 am

0043484