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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745659** (3)

1. Corporation Name

VOTARE, INC.



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 33160-1684**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 26 29 30

3. Date Incorporated or Qualified

01/23/1979

3a. Date of Last Report

05/25/1996

4. FEI Number

13-2971605

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHIARATO, UGO V.
220 71ST STREET - SUITE 213
MIAMI BEACH FL 33141**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
CHIARATO, UGO V**
STREET ADDRESS **220 71ST STREET - SUITE 213**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **VD
THOMAS, NATIELLO**
STREET ADDRESS **1205 MARIPOSA AVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **D
RICCIARDELLI, JOHN L.**
STREET ADDRESS **11420 N. BAYSHORE DRIVE**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE ☐ DELETE

NAME **D
AMBROSINO, CARLO**
STREET ADDRESS **10802 S.W. 88TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D
DIOGUARDI, JOSEPH**
STREET ADDRESS **186 P NEEDLE BLVD.**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **D
GRAZIANO, PASCALI**
STREET ADDRESS **12525 SW 33 STREET**
CITY-ST-ZIP **MIAMI FL 33175**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **220 71ST STREET - SUITE 213**
1.3 STREET ADDRESS **MIAMI BEACH, FL 33141**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 Chiarato

APRIL 29 1997 (305)861.2000

CR2E037 (9/96)