

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 MAR 28 PM 1:43

DOCUMENT # **857999** (7)  
1. Corporation Name  
**ANDREA LA SALA & SONS, INC.**

Principal Place of Business Mailing Address  
**68 EAST SANDFORD BLVD. MT. VERNON NY 10550** **68 EAST SANDFORD BLVD. MT. VERNON NY 10550**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/05/1983** 3a. Date of Last Report **06/20/1994**  
4. FEI Number **13-1716767** 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

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. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**DE LOACH, DENNIS R., JR.**  
**8486 SEMINOLE BLVD.**  
**SEMINOLE FL 33542**

10. Name and Address of Now Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City **FL** B5. 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 typed or printed below if registered agent is the filer) (Date Registered Agent's Filing is required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA SALA, FRANK A.	1.2 NAME	
STREET ADDRESS	68 E. SANDFORD BLVD.	1.3 STREET ADDRESS	
CITY ST ZIP	MT. VERNON NY	1.4 CITY ST ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA SALA, ANDREW	2.2 NAME	
STREET ADDRESS	68 E. SANDFORD BLVD.	2.3 STREET ADDRESS	
CITY ST ZIP	MT. VERNON NY	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST 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)(b), Florida Statutes. I further certify that the information indicated on the 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 officer 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 of this document, or on an attachment with an address.

SIGNATURE: *Andrew LaSala* 3/23/95 914-662-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR  
ANDREW LASALA, PRESIDENT