SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F57940** **(1)**

1. Corporation Name
FAMILY ENTERPRISE, INC., SOUTH

Principal Place of Business	Mailing Address
7261 S. W. 131 ST. MIAMI FL 33156	7261 S. W. 131 ST. MIAMI FL 33156

3. Date Incorporated or Qualified: **12/10/1981**
3a. Date of Last Report: **01/17/1995**

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

4. FEI Number: **59-2150661** ☐ 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

PAPPALARDO, ANTHONY
7261 S. W. 131 ST.
MIAMI FL 33156

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 _____ (NOTE: Registered Agent signature required when this box is changed) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	V	☒ Change ☐ Addition
NAME	BAZZANO, SEBASTAIN		12 NAME		
STREET ADDRESS	10168 SW 52ND STREET		13 STREET ADDRESS	5316 NW. 67th. Avenue Ft. Lauderdale	
CITY-ST-ZIP	COOPER CITY, FL 00000		14 CITY-ST-ZIP	Ft. Lauderdale Fl. 33319	
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CARINO, HELEN		22 NAME		
STREET ADDRESS	550 NE 101ST STREET		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 00000		24 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PAPPALARDO, ANTHONY		32 NAME		
STREET ADDRESS	7261 S. W. 131 ST.		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	KILLETTE, GERALDINE		42 NAME		
STREET ADDRESS	305 S.W. 13TH STREET		43 STREET ADDRESS	249 SW. 20th Road	
CITY-ST-ZIP	FT. LAUDERDALE FL		44 CITY-ST-ZIP	Miami Fl. 33129	
TITLE	V	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	PAPPALARDO, RICHARD		52 NAME		
STREET ADDRESS	249 S.W. 20TH ROAD		53 STREET ADDRESS	3700 Las Vegas Blvd. S. Jockey Club #364	
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP	Las Vegas NV. 89109	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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

SIGNATURE: Anthony Pappalardo (Anthony Pappalardo) 07-10-96 (305) 252-9074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #