

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

**APPROVED
AND
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95 MAY -1 AM 8:39

**OFFICIAL STATE
TALLAHASSEE, FLORIDA**

**700001476617
-05/04/95--01134--003
3200.00 *200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F93000000680 (9)

1. Corporation Name
J.J. CORSO, INC.

Principal Place of Business Mailing Address

**412 HARWOOD BLDG.
SCARSDALE NY 10583** **412 HARWOOD BLDG.
SCARSDALE NY 10583**

2. Principal Place of Business 28. Mailing Address

21 26

Suite, Apt #, etc Suite, Apt # etc

22 27

City & State City & State

23 28

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

02/15/1993 **03/15/1994**

4. FEI Number Applied For

11-3000344 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

6. This corporation has facility for intangible tax under Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**VARELA, ANTONIO
300 NW 82ND AVE., #507
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSO, JOSEPH J	2. NAME	
STREET ADDRESS	1145-85 STREET	3. STREET ADDRESS	
CITY, ST, ZIP	BROOKLYN NY 11228	4. CITY, ST, ZIP	
TITLE	S	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, CARL H	22. NAME	
STREET ADDRESS	20 E. 35TH ST., PH-G	23. STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY 10016	24. CITY, ST, ZIP	
TITLE	T	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, STEVEN	32. NAME	
STREET ADDRESS	412 HARWOOD BLDG.	33. STREET ADDRESS	
CITY, ST, ZIP	SCARSDALE NY 10583	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the filer, 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 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 or changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl H. Hewitt
Carl H. Hewitt

3/23/95 (212) 433-7015
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