

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

**CORPORATION
ANNUAL REPORT
1995**



U. S. DEPARTMENT OF STATE
 IN THE CITY OF
 WASHINGTON, D. C.
 U. S. DEPARTMENT OF STATE
 U. S. DEPARTMENT OF STATE

APPROVED
AND
FILED

95 MAY -1 AM 8:39

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-11-2011 BY 60322
TALLAHASSEE, FLORIDA

400001476604
-05/04/95--01134--003
***3200.00 ***200.00

DO NOT WRITE IN THIS SPACE

3. Date of last report filed	3a. Date of last report
02/15/1993	03/15/1994

4. FBI Number	Armed F.
11-2905191	Not Available

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added in Fees
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8. The corporation has elected to amortize the expense over 5 years.
 Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 4/27/92

02	Street Address	100 E. 1st Street
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10/10/10

84	Cy
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FL

B5	SECRET
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11. Pursuant to the provisions of Section 102(b)(7)(C) of the Florida Statutes, the above-named corporation submits this statement for the purpose of exempting its registered office or registered agent, or both, from the requirements of the provisions of the Florida Statutes that otherwise would apply to the corporation's registered office or registered agent, as follows:

Summary

12.	PD GALLO, WILLIAM P 700 LANE AVE. S. PLAINFIELD NJ 07080
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FILE	S
NAME	HEWITT, CARL H
STREET ADDRESS	20 E. 35TH ST., PH-G
CITY, ST, ZIP	NEW YORK NY 10016

TITLE	Y
NAME	MOSS, STEVEN
STREET ADDRESS	412 HARWOOD BLDG.
CITY, ST, ZIP	SCARSDALE NY 10583

TITLE
 NAME
 STREET ADDRESS
 CITY, ST. ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST. ZIP

CITY: ST: ZIP
TITLE
NAME
STREET ADDRESS
CITY: ST: ZIP

15. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1964

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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[illegible]

1	TITLE		Change	Add Row
2	NAME			
3	STREET ADDRESS			
4	CITY ST ZIP			

1	TITLE	☐ Change	☐ Add/Info
2	NAME		
3	STREET ADDRESS		
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	☐ Add
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 119, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed; or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR _____

Car'l H. Hewitt / Stephen Moss 5/2/95

0973700