

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94761** (6)

1. Corporation Name
N D-P II, INC.



Principal Place of Business

**LA PERGOLA REST.
939 N FEDERAL HWY
HOLLYWOOD FL 33020
US**

Mailing Address

**C/O ROSS CUSANO & CO
18305 BISCAYNE BLVD. 302
NO MIAMI BCH FL 33180
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**D'ARRINO, EUGENIO
1220 DIPLOMAT PARKWAY
HOLLYWOOD FL 33011**

3. Date Incorporated or Qualified
08/11/1982

3a. Date of Last Report
04/03/1995

4. FLE Number
59-2231892

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

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 607.1506, 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 in a familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as above)

Signature of Registered Agent (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **PST**

STREET ADDRESS **D'ARRINO, EUGENIO**

CITY-STATE-ZIP **939 N FED HWY**

HWD, FL 00000

2. TITLE ☐ DELETE

NAME **V**

STREET ADDRESS **VALANA, SAVERIO**

CITY-STATE-ZIP **939 N FED HWY**

HWD, FL 00000

3. TITLE ☐ DELETE

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13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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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 filing 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 I am an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugenio D'Arrino
EUGENIO D'ARRINO

4/22/96

954-921-4965

CR2E034 (12/95)