

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 # **G75060** (5)

1. Corporation Name

NAPOLI PASTA MANUFACTURERS, INC.



Principal Place of Business

Mailing Address

~~12271 S.W. 129 CT.
MIAMI FL 33186
US~~

**12440 SW
117 CT
MIA - FL 33186**

~~12271 S.W. 129 CT
MIAMI FL 33186
US~~

2. Principal Place of Business

21 **12440 S.W. 117 CT**

2a. Mailing Address

26 **12440 S.W. 117 CT**

22 Suite, Apt. #, etc.
MIA

27 Suite, Apt. #, etc.
MIA

23 City & State

FL

28 City & State

FL

24 Zip

33186

25 Country

USA

29 Zip

33186

30 Country

USA

9. Name and Address of Current Registered Agent

**BATTISTINI, ROMOLO
12271 S.W. 129 CT
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **BATTISTINI, ROMOLO**

82 Street Address (P.O. Box Number is Not Acceptable)
12440 S.W. 117 CT

83

84 City

MIA

FL

85 Zip Code
33186

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

Signature of the corporation or of the registered agent and the applicable

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BATTISTINI, ROMOLO**
STREET ADDRESS **7682 SW 169 ST**
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **BATTISTINI, BEATRIZ**
STREET ADDRESS **7682 SW 169TH ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

CR2E034 (3/96)