FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G87159** **(1)**

1. Corporation Name
CANDLESSENCE II, INC.

Principal Place of Business	Mailing Address
C/O LOUIS TASSE 8320 S.W. 87TH TERRACE MIAMI FL 33143	C/O LOUIS TASSE 8320 S.W. 87TH TERRACE MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2351092 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TASSE, LOUIS
8320 S.W. 87TH TERRACE
MIAMI FL 33143

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	TASSE, LOUIS	12 NAME		
STREET ADDRESS	8320 S.W. 87TH TERR.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	DST	21 TITLE		☐ Change ☐ Addition
NAME	TASSE, CAROL	22 NAME		
STREET ADDRESS	8320 S W 87TH TERR	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	TASSE, GREGORY	32 NAME		
STREET ADDRESS	1961 NW 184 TERR	33 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	TASSE, JOHN	42 NAME		
STREET ADDRESS	10180 SW 49 MANOR	43 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	V/P	☒ Change ☐ Addition
NAME	MORTIMER, PAMELA	52 NAME	MORTIMER, PAMELA	
STREET ADDRESS	11921 SW 12 ST	53 STREET ADDRESS	8320 SW 87 TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL	54 CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		61 TITLE	V/D	☐ Change ☒ Addition
NAME		62 NAME	TASSE, TIMOTHY	
STREET ADDRESS		63 STREET ADDRESS	14075 LANGLEY PL.	
CITY-ST-ZIP		64 CITY-ST-ZIP	DAVIE, FL 33325	

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: CAROL A. TASSE Carol T. Tasse 4/24/95 305-274-5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184741 CP