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 MAY -1 AM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K15595** **(7)**

1. Corporation Name

FLORIANA PASTA & RAVIOLI COMPANY INC.

Principal Place of Business	Mailing Address
2524 NW 2ND AVE BOCA RATON FL 33431	2524 NW 2ND AVE BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/16/1988**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: **65-0040454** ☐ 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

9. Name and Address of Current Registered Agent

GIAQUINTO, PETER B., JR.
2524 N.W. 2ND AVENUE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: JOAN SCALZO
82 Street Address (P.O. Box Number is Not Acceptable): 2524 NW 2ND AVENUE
83
84 City: BOCA RATON FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0505 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 that position under Florida Statutes.

SIGNATURE: x [signature] JOAN SCALZO x 4/28/95
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	TITLE	☒ Change ☐ Addition
NAME	GIAQUINTO, PETER B., JR.	NAME	DELETE
STREET ADDRESS	2524 NW 2ND AVE	STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	CITY ST ZIP	
TITLE	VSD	TITLE	☒ Change ☐ Addition
NAME	GIAQUINTO, DONNA G.	NAME	DELETE
STREET ADDRESS	2524 NW 2ND AVE	STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☒ Addition
NAME		NAME	PD
STREET ADDRESS		STREET ADDRESS	JOAN SCALZO
CITY ST ZIP		CITY ST ZIP	2524 NW 2ND AVENUE BOCA RATON, FL 33431
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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)(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 above, or on an attachment with an addition.

SIGNATURE: x [signature] JOAN SCALZO x 4/28/95 x 338 0010 407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0256268 CP