SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56284 (8)

1. Corporation Name
LA MARCHESE PLAZA, INC.

Principal Place of Business	Mailing Address
4250 GROVEWOOD LN TITUSVILLE FL 32780 US	4250 GROVEWOOD LN TITUSVILLE FL 32780 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1989
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2997052 — 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

2. Principal Place of Business — 21 [blank]; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country
2a. Mailing Address — 26 [blank]; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

9. Name and Address of Current Registered Agent

MARCHESANO, ALBERT
4250 GROVEWOOD LN
TITUSVILLE FL 32780

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 ____

12. OFFICERS AND DIRECTORS

Field	Officer/Director
TITLE	STD
NAME	HATZAI, MARION
STREET ADDRESS	1415 NE 142 STR
CITY-ST-ZIP	NO MIAMI FL
TITLE	DP
NAME	MARCHESANO, ALBERT
STREET ADDRESS	4250 GROVEWOOD LN
CITY-ST-ZIP	TITUSVILLE FL
TITLE	VD
NAME	HATZAI, CHARLIE
STREET ADDRESS	1415 NE 142 STR
CITY-ST-ZIP	NO MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — entries blank)

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: [signature] ALBERT MARCHESANO — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 6-30-95 — 904 725 2906

CR2E034 (3/95)

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