

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 17 AM 11:15**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K65226 (8)**

1. Corporation Name  
**BALLARINI INDUSTRIES, INC.**

Principal Place of Business <b>2132 W. 62 STREET HIALEAH FL 33016</b>	Mailing Address <b>2132 W. 62 STREET HIALEAH FL 33016</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/13/1989</b>	3a. Date of Last Report <b>03/29/1994</b>
4. FEI Number <b>65-0207699</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc	2a. Mailing Address 21a Suite, Apt. #, etc
23 City & State	23b City & State
24 Zip Country	24b Zip Country

9. Name and Address of Current Registered Agent

**BALLARINI, FRANCO  
2132 W 62 STREET  
HIALEAH FL 33016**

10. Name and Address of ~~Now~~ 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 \_\_\_\_\_ (Signature typed or printed below of registered agent and Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>BALLARINI, FRANCO</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>2132 W. 62 ST.</b>	1.2 NAME	
STREET ADDRESS	<b>HIALEAH FL 33016</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	<b>STD</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MESQUITA, MARIA MANUELA</b>	2.2 NAME	
STREET ADDRESS	<b>2132 W. 62 STREET</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>HIALEAH FL 33016</b>	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and forms not required for the corporation stated in Section 119.05(1)(g), Florida Statutes. I further certify that the information is true and correct 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 13 or in an attachment with an address.

SIGNATURE: *Bl. Franco* **FRANCO BALLARINI** 1-11-95 305-8261434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR