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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 27 1997 8:00am

Secretary of State

(96/6)

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10682

(7)

POMODORO, INC.

CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed or op-a

SIGNATURE AND TYPED OF PRINTED NAME

Principal Piace of Business Mailing Address % GIANPIETRO MENEGAZZI % GIANPIETRO MENEGAZZI 2908 E COMMERCIAL BLVD. 2908 E COMMERCIAL BLVD. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-4208 3. Date Incorporated or Qualified 3s. Date of Last Report 02/16/1996 08/21/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0140466 21 26 Not Applicable Suite Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, ☐ No 24 29 30 Florida Statutes Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENEGAZZI, GIANPIETRO 2908 E. COMMERCIAL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33308 83 84 City Zip Code 85 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 name of registering agent and title if applicable. (NOTE_flegistered Agent a gnature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition THILE 1.1 TITLE MENEGAZZI, GIANPIETRO 1.2 NAME NAME 2908 E. COMMERCIAL BLVD STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP □ DELETE ☐ Change ___ Addition TITLE 2.1 TITLE MENEGAZZI, LINDA 2.2 NAME NAME 2908 E COMMERCIAL STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 2 4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE ☐ Change Addition 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-7/P 4 4 CITY-ST-ZIP Change ☐ DELETE Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP □ DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the

ddress

SIGNING OFFICER OR DIRECTOR

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