

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L18371 (9)

1. Corporation Name
CA D'ORO, INC.

Principal Place of Business

C/O DANIELA CAPUDI
905 S.BAYSHORE DR
MIAMI FL 33131

Mailing Address

C/O DANIELA CAPUDI
905 S.BAYSHORE DR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/22/1989 3a. Date of Last Report 01/24/1994

4. FEI Number 65-0145772 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

21 905 S. BAYSHORE DR.

2a. Mailing Address

26 905 S. BAYSHORE DR.

Suite, Apt. #, etc.

22 # 1430

Suite, Apt. #, etc.

27 # 1430

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33131

Country

25 USA

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

TOMASSINI FLAVIO
905 S. BAYSHORE DR. #1430
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAPUDI, DANIELA T.
STREET ADDRESS	905 S. BAYSHORE DR 1430
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	CAPUDI, LUCIANO
STREET ADDRESS	905 S. BAYSHORE DR. 1430
CITY-ST-ZIP	MIAMI FL
TITLE	VPD
NAME	TOMASSINI, MIRIAM P.
STREET ADDRESS	905 S. BAYSHORE DR. 1430
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	FLAVIO TOMASSINI
STREET ADDRESS	905 S. BAYSHORE DR 1430
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 23/95

(305) 358-4494