

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 APR 25 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L45975

(4)

1. Corporation Name

TONY RISO COMPANY

Principal Place of Business

17070 COLLINS AVE
STE 249
MIAMI BCH FL 33180
US

Mailing Address

% LAURA A GANGEMI ESO
701 BRICKELL AVE SUITE 1600
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/24/1990

3a. Date of Last Report

01/25/1994

4. FEI Number

65-0199287

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

2a. Mailing Address

21

26

c/o LAURA GANGEMI ESO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

201 S. Biscayne Blvd. Ste 2000

City & State

City & State

23

28

MIAMI Florida

Zip

Zip

Country

Country

24

25

29

33131

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANGEMI, LAURA A
% BAKER & MCKENZIE
701 BRICKELL AVE SUITE 1600
MIAMI FL 33131

81

Name

GANGEMI, LAURA A.

82

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Boulevard Suite 2000

83

84

City

MIAMI

FL

85

Zip Code

33131

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

Laura A. Gangemi

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

(NOTE: Registered Agent signature required when resigning)

DATE

4/3/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PSD		
	RISO, TONY		
	139 BAL BAY DR		
	BAL HARBOUR FL		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

1 1 TITLE	1 2 NAME	1 3 STREET ADDRESS	1 4 CITY - ST - ZIP	Change	Addition
2 1 TITLE	2 2 NAME	2 3 STREET ADDRESS	2 4 CITY - ST - ZIP	Change	Addition
3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY - ST - ZIP	Change	Addition
4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY - ST - ZIP	Change	Addition
5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY - ST - ZIP	Change	Addition
6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY - ST - ZIP	Change	Addition

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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY Riso

4/10/95

940-3043