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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAR -2 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L47424 (1)

1. Corporation Name

CATALANO TECHNOLOGY CORPORATION

Principal Place of Business	Mailing Address
%MARC CATALANO 555 WEST 49TH STREET HIALEAH FL 33012	%MARC CATALANO 555 WEST 49TH STREET HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1990
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business 21 #19 W. 49TH ST.	2a. Mailing Address 26 #19 W. 49TH ST.	4. FEI Number 65-0171665	☐ Applied For ☐ Not Applicable
State, Apt. #, etc. 22 #200	Suite, Apt. #, etc. 27 #200	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23 HIALEAH FL	City & State 28 HIALEAH FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33012 Country 25	Zip 29 33012 Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CATALANO, MARC 555 WEST 49TH STREET HIALEAH FL 33012	81 Name 82 Street Address (P.O. Box Number Not Acceptable) #19 W. 49TH ST. 83 #200 84 City HIALEAH FL 85 Zip Code 33012

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
Signature required when registered agent is changed (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☑ Change ☐ Addition
NAME	CATALANO, MARC	12 NAME	MARC CATALANO
STREET ADDRESS	555 WEST 49TH STREET	13 STREET ADDRESS	#19 W. 49TH ST. #200
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	HIALEAH FL 33012
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: _____ 2/22/95 Date 305 821 4329 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000740 CP