

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M17881** (7)

1. Corporation Name

STELLA-VALLI ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**C/O GIULIANO VALLORANI
7320-7324 W. ATLANTIC BLVD.
MARGATE FL 33063**

**C/O GIULIANO VALLORANI
7320-7324 W. ATLANTIC BLVD.
MARGATE FL 33063**

3. Date Incorporated or Qualified

07/11/1985

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-2564989

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALLORANI, GIULIANO
7320-7324 WEST ATLANTIC BLVD.
PALM LAKES PLAZA
MARGATE FL 33063**

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 Renalating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PSD
VALLORANI, GIULIANO
5750 HAYES ST
HOLLYWOOD FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition

15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP ☐ Change ☐ Addition

19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP ☐ Change ☐ Addition

23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP ☐ Change ☐ Addition

27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition

35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY-ST-ZIP ☐ Change ☐ Addition

39 TITLE 40 NAME 41 STREET ADDRESS 42 CITY-ST-ZIP ☐ Change ☐ Addition

43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY-ST-ZIP ☐ Change ☐ Addition

47 TITLE 48 NAME 49 STREET ADDRESS 50 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition

55 TITLE 56 NAME 57 STREET ADDRESS 58 CITY-ST-ZIP ☐ Change ☐ Addition

59 TITLE 60 NAME 61 STREET ADDRESS 62 CITY-ST-ZIP ☐ Change ☐ Addition

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147 TITLE 148 NAME 149 STREET ADDRESS 150 CITY-ST-ZIP ☐ Change ☐ Addition

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP ☐ Change ☐ Addition

155 TITLE 156 NAME 157 STREET ADDRESS 158 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

Giuliano Vallorani **Giuliano VALLORANI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May-26-96 (954) 979-3020

Exhibit Phone #

CR2E034 (12/95)