

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M26212 (4)

1. Corporation Name

DURANTE FLA. INC.



Principal Place of Business

% SANCHEZ
1528 PLUNKETT STREET
HOLLYWOOD FL 33020

Mailing Address

% SANCHEZ
1528 PLUNKETT STREET
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
01/22/1986

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, ROBERT J
1150 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Federico Sanchez
1528 Plunkett St
Hollywood FLA
33020

81

82

83

84

Name

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

City

State

Zip Code

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

Federico Sanchez

(NOTE: Registered Agent Signature required when reappointing)

DATE

7-9-96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, FEDERICO	
STREET ADDRESS	1438 FLETCHER ST	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARMEN, MARRONE	
STREET ADDRESS	6439 DESPORTES ST.	
CITY- ST- ZIP	MONTREAL, CANADA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIGIANDOMERICO, FRANK	
STREET ADDRESS	724 PLACE FLEVRYN	
CITY- ST- ZIP	MONTREAL, CANADA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DIGIANDOMERICO DURANTE	
STREET ADDRESS	1438 FLETCHER ST.	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	GIOVANNI DIGIANDOMERICO	<input type="checkbox"/> DELETE
NAME	1438 Fletcher St	
STREET ADDRESS	Hollywood FLA 33020	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

100001779461
-04/15/96-01021-045
***200.00

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: Federico Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V3-12-96 X3059235741
Date: Day/Mo/Yr Phone #

CR2E034 (12/95)