

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M47924** (9)

1. Corporation Name

QUARELLO CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

C/O FRANK QUARELLO
1025 N.E. 7 ST.
HALLANDALE FL 33009-3546

C/O FRANK QUARELLO
1025 N.E. 7 ST.
HALLANDALE FL 33009-3546



3. Date Incorporated or Qualified
03/09/1987

3a. Date of Last Report
07/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **15074 S.W. 13 PL.**

26 **15074 S.W. 13 PL.**

4. FEI Number
59-2781402

Applied For
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **SUNRISE, FL.**

28 **SUNRISE, FL.**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **33326**

25 **U.S.A.**

29 **33326**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 190.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUARELLO, FRANK
1025 N.E. 7 ST.
HALLANDALE FL**

81 Name

QUARELLO, FRANK

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

83

15074 S.W. 13 PL.

84 City

SUNRISE

FL

85 Zip Code

33326

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTVD** ☐ DELETE
NAME **QUARELLO, FRANK**
STREET ADDRESS **1025 N.E. 7 ST.**
CITY - ST - ZIP **HALLANDALE FL**

1.1 TITLE **P/V/T/P** ☒ Change ☐ Addition
1.2 NAME **QUARELLO, FRANK**
1.3 STREET ADDRESS **15074 S.W. 13 PL.**
1.4 CITY - ST - ZIP **SUNRISE, FL. 33326**

TITLE **V** ☒ DELETE
NAME **QUARELLO, ARTHUR**
STREET ADDRESS **1852 MAYO STREET**
CITY - ST - ZIP **HOUSTON TX**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE
NAME **QUARELLO, MARY**
STREET ADDRESS **1025 N.E. 7TH STREET**
CITY - ST - ZIP **HALLANDALE FL**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **QUARELLO, MARY**
3.3 STREET ADDRESS **15074 S.W. 13 PL.**
3.4 CITY - ST - ZIP **SUNRISE, FL. 33326**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Frank Quarello (PRES) **FRANK QUARELLO** 7-24-96 954-916-9729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (3/96)