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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M49597

(1)

1. Corporation Name

PAGLIARI REALTY, INC.



Principal Place of Business

C/O WILLIAM J. PAGLIARI
15240 NE 2ND AVE.
NORTH MIAMI BEACH FL 33182

Mailing Address

C/O WILLIAM J. PAGLIARI
15240 NE 2ND AVE.
NORTH MIAMI BEACH FL 33182-4231

3. Date Incorporated or Qualified

04/02/1987

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGLIARI, WILLIAM J.
15240 NE 2ND AVE.
NORTH MIAMI BEACH FL 33182

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: DP
PAGLIARI, WILLIAM J.
STREET ADDRESS: 15240 NE 2ND AVE.
CITY-ST-ZIP: N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME: VP
PAGLIARI, MARY ANN
STREET ADDRESS: 15240 N.E. 2ND AVE.
CITY-ST-ZIP: N. MIAMI BCH. FL

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

William J. Pagliari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-1997

Date

305-949-5001

Daytime Phone #

0221733

CP2E034 (9/96)