

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 # **M88818** (3)
1. Corporation Name
COMMERCIAL PASTA CORP.



Principal Place of Business: **1990 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304 US**
Mailing Address: **1990 E. SUNRISE BLVD FT. LAUDERDALE FL 33304 US**

3. Date incorporated or Qualified: **07/08/1988**
3a. Date of Last Report: **04/05/1995**
4. FEI Number: **65-0073817**
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

2. Principal Place of Business: **21 2103E. COMMERCIAL BLVD**
Suite, Apt. #, etc.:
22
City & State: **23 FT. LAUDERDALE, FL**
28
Zip: **24 33304** Country: **25 USA**
29 Zip: Country: **30**

9. Name and Address of Current Registered Agent

**CASTELLANO, JOSEPH
60 COMPASS LANE
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name: **STUART ENGSTROM**
82 Street Address (P.O. Box Number is Not Acceptable): **1990 E. SUNRISE BLVD**
83
84 City: **FT. LAUDERDALE FL** 85 Zip Code: **33304**

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 607.0502, Florida Statutes.

SIGNATURE: *Stuart Engstrom*, Controller **4-26-96**
Signature, typed or printed name of registered agent and title, applicable (Not if Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CASTELLANO, JOSEPH	
STREET ADDRESS	1990 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304	
2.1 TITLE	D PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL CASTELLANO	
2.3 STREET ADDRESS	1990 E. SUNRISE BLVD	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
3.1 TITLE	D VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CONNIE MORMAUDO	
3.3 STREET ADDRESS	1990 E. SUNRISE BLVD	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
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		

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 attached form with an address.

SIGNATURE: *Paul Castellano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 **954-763-1478**
Date Daytime Phone #

CR2E034 (12/95)