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May 15 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N92000000681 (8)

1. Corporation Name

COMITES INCORPORATED

Principal Place of Business

P. O. BOX 60-1684
NORTH MIAMI BEACH FL 33160
US

Mailing Address

P. O. BOX 60-1684
NORTH MIAMI BEACH FL 33160-1684
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
12/09/1992

3a. Date of Last Report
06/14/1996

4. FEI Number
65-0440878

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

PASCALI, GRAZIANO
12525 S.W. 33 STREET
MIAMI FL 33175

81 Name UGO V. CHIARATO

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

83 220 71ST STREET - SUITE 213

84 City MIAMI BEACH FL 85 Zip Code 33141

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ugo V. Chiarato
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 29, 1997

12. OFFICERS AND DIRECTORS

TITLE PR
NAME PASCALI, GRAZIANO
STREET ADDRESS 12525 SW 33 STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

TITLE TR
NAME CHIARATO, UGO V
STREET ADDRESS ~~PO BOX 60-1684~~
CITY-ST-ZIP NORTH MIAMI BCH. FL 33160 ☐ DELETE

TITLE D
NAME ALLOCCO, CARLO
STREET ADDRESS 24 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAVNE FL 33149 ☐ DELETE

TITLE D
NAME GIORDANI, RAFFAELE
STREET ADDRESS 1760 S.W. 14TH STREET
CITY-ST-ZIP MIAMI FL 33145 ☐ DELETE

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 220 71ST STREET - SUITE 213
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Ugo V. Chiarato

APRIL 29 1997 1305/8612000

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