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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: *()

DOCUM I. Corporation N DERIGO		` '			
North all fillers as	4 F1	Martine Addison		- 1 10411001 160 1811 DIBB (1011) 10010 DIBI	ETOTT BIBLE BIBLE BIBLE BIBLE BIBLE
hincipal Place of Eusiness 20 ARBUTUS ROAD PUTNAM VALLEY NY 10579		Mailing Address 20 Arbutus Road Putnam Valley ny 10579			
				3. Date Incorporated or Qualified 3a. D 07/30/1991	ate of Last Report 02/08/1995
Σ. Principal Plac i∐	e of Business	2a. Mailing Address 26		4. FEI Number 06-1157051	Applied For Not Applicable
Suite Apt. #,	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
 Ζ _ι ρ	Gountry	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for intangible	Added to Fees tax under s 199.032,
	25 9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes No	od Agent
	- ***		81 Name		-
DERIGGI SALVATORE 1830 S PALMETTO AVE APT. 27 SOUTH DAYTONA FL 32119			82 Street Addr		
			84 City	F	85 Zip Code
familiar witti S:GNATURE	i, and accept the obligations of, Sei ij where is performed have of registered ago	olion 607.0505, Florida Statute	zed by the corporation's boars. OIL Registered Agent signature require		
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	. <u></u>
T.E	CPT DERIGGI, ONOFRIO	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
AM:	20 ARBUTUS RD.		1.2 NAME		
TEFF LADORESS	PUTNAM VALLEY NY		1.3 STREET ADDRESS 1.4 CITY+ST-ZIP		
I.E	VCV	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
MI	DERIGGI, MARIA	LJ	22 NAME		
RELLATIONESS	20 ARBUTUS RD.		2 3 STREET ADDRESS		
D SLZ#	PUTNAM VALLEY NY		2.4 CITY - ST - ZIP		
li f	S	DELETE	3 1 THILE		☐ Change ☐ Addition
IM:	DERIGGI, MARIA		3.2 NAME		
RELLADORESS	20 ARBUTUS RD. PUTNAM VALLEY NY		3.3 STREET ADDRESS		
TY - ST - Zif'	I VIIIAM TALLE IN	DELETE	3 4 CITY - ST - ZIP 4. 1 TITLE		☐ Change ☐ Addition
AM:		L. M.C.A	4.2 NAME		
IBELLADDRESS			4.3 STREET ADDRESS		
IY-SI-ZiP			4.4 CITY - ST - ZIP		
rlf		DELETE	5 1 THTLE		Change Addition
IME .			5 2 NAMÉ		
BEET ADDRESS			5.3 STHEET ADDRESS		
Y - ST - ZI-1		FF3 Principal	54 CITY-SI-ZIP		Change Cladden
111		DELETE	6 1 THUE		☐ Change ☐ Addition
IMI			6.2 NAME		
HEEL ACORESS			6.3 STREET ADDRESS 6.4 CHY-ST-7IP		
certify that to oath; that I	the information indicated on this an	nual report or supplemental an poration or the receiver or trust	mished and does not qualify fi nual report is true and accura- see empowered to execute this	or the exemption stated in Section 119.07(3)(k), ate and that my signature shall have the same le is report as required by Chapter 607, Florida Sta	gal effect as if made under