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 # **P35666** **(7)**

1. Corporation Name

H. COTURRI AND SONS, LTD. INC.

Principal Place of Business	Mailing Address
P.O. BOX 396 GLEN ELLEN CA 95442	P.O. BOX 396 GLEN ELLEN CA 95442

3. Date Incorporated or Qualified: **09/26/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **94-2605395** ☐ 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

MERLAU, DEAN
% RYALS LEE SALES CO.,
3170 W. THARPE
TALLAHASSEE FL 33143

10. Name and Address of New Registered Agent

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 of officer | NOTE: Registered Agent signature required when filing change | DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EPSTIEN, ROBERT		1.2 NAME	
STREET ADDRESS	50 SANDRINGHAM		1.3 STREET ADDRESS	
CITY-ST-ZIP	PIEDMONT CA		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COTURRI, HARRY		2.2 NAME	
STREET ADDRESS	195 RAYMOND AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COTURRI, FERN		3.2 NAME	
STREET ADDRESS	195 RAYMOND AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COTURRI, PHILIP		4.2 NAME	
STREET ADDRESS	66600 NORBON RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA		4.4 CITY-ST-ZIP	
TITLE	VC	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COTURRI, TONY		5.2 NAME	
STREET ADDRESS	6725 EMTERPRISE RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ELLEN CA		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SERRATTO, MICHAEL		6.2 NAME	
STREET ADDRESS	1220 HOWARD AVE. #250		6.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA		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)(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: Tony Coturri Tony Coturri 5.29.96 707-521-5726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)