

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:37

DOCUMENT # P93000014022 (6)

1. Corporation Name

BALIZZA OF BOCA RATON, INC.

Principal Place of Business

**442 TOWN CENTER
TOWN CENTER MALL
BOCA RATON FL 33431
US**

Mailing Address

**8811 SW 132 ST
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/24/1993

3a. Date of Last Report

02/10/1994

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

USA

4. FEI Number

65-0417925

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

**PREVITI, PETER
5825 SUNSET DR
SUITE 210
MIAMI FL 33143**

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 registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANNA, BARRY
STREET ADDRESS	8811 SW 132 ST
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	HANNA, GINA
STREET ADDRESS	8811 SW 132 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	HANNA, SONIA
STREET ADDRESS	8811 SW 132 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☒ Change ☐ Addition
2. NAME	BARRY HANNA	
3. STREET ADDRESS	8845 SW 132 ST	
4. CITY - ST - ZIP	MIAMI, FL 33176	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	GINA HANNA	
2.3 STREET ADDRESS	8845 SW 132 ST.	
2.4 CITY - ST - ZIP	MIAMI, FL 33176	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME	SONIA HANNA	
3.3 STREET ADDRESS	8845 SW 132 ST.	
3.4 CITY - ST - ZIP	MIAMI, FL 33176	
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 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 supplementary 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 incorporator or person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)