

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**PAID**  
MAR 31 1996  
CA 3011

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

8845 SW 132 ST  
MIAMI FL 33176  
US

3. Date Incorporated or Qualified  
02/24/1993

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 14951 South Dixie Highway

27 Suite, Apt. #, etc.

28 City & State

28 MIAMI, FLORIDA

29 Zip Country

29 33176 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 of Agent

Signature, typed or printed name of Registered Agent and Title of Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HANNA, BARRY  
STREET ADDRESS 8845 SW 132 ST  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VP  
NAME HANNA, GINA  
STREET ADDRESS 8845 SW 132 ST  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VP  
NAME HANNA, SONIA  
STREET ADDRESS 8845 SW 132 ST  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 14951 South Dixie Highway  
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33176

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 14951 South Dixie Highway  
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33176

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 14951 South Dixie Highway  
3.4 CITY-ST-ZIP MIAMI, FLORIDA 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 900001790719  
5.4 CITY-ST-ZIP -04/23/96--01089--016  
\*\*\*200.00

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 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, or both, of the corporation, and that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, over my attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/4/96 (305)252-7463

CS 4/23/96

CR2E034 (12/95)