

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

PAID
MAR 31 1998
CH/3014 \$200.00

DOCUMENT # **P93000024728 (6)**

1. Corporation Name

BALIZZA OF AVENTURA, INC.

Principal Place of Business

Mailing Address

19675 BISCAYNE BLVD.
#269
NORTH MIAMI BCH. FL 33180
US

8845 SW 132 ST
MIAMI FL 33176
US



3. Date Incorporated or Qualified
04/02/1993

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **14951 SOUTH DIXIE HIGHWAY**

4. FEI Number

65-0417924

Applied For
Not Applicable

22 City & State

27 City & State

MIAMI, FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country
33176 USA

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 ESQ
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 the applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS **14951 SOUTH DIXIE HIGHWAY**
14 CITY-ST-ZIP **MIAMI, FLORIDA 33176**

TITLE ☐ DELETE

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

2.1 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS **14951 SOUTH DIXIE HIGHWAY**
24 CITY-ST-ZIP **MIAMI, FLORIDA 33176**

TITLE ☐ DELETE

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

3.1 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS **14951 SOUTH DIXIE HIGHWAY**
34 CITY-ST-ZIP **MIAMI, FLORIDA 33176**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

900001790749

-04/23/96--01089--024

*****200.00**

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 of the corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment to this report.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY HANNA

4/4/96

(305) 252-7463

CS 4/23/96

CR2E034 (12/95)