SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000028422 (2)**

1. Corporation Name
ASOVEN TAMPA, INC.

Principal Place of Business	Mailing Address
5902 MEMORIAL HIGHWAY APT 813 TAMPA FL 33615	2606 W. HENRY AVE TAMPA FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/16/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 604 Franklin St.	26 P.O. Box 262466
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Oldsmar, FL	28 City & State: Tampa, FL
24 Zip: 34677 25 County: U.S.A.	29 Zip: 33685-2466 30 County: U.S.A.

4. FEI Number: 65-0402865 ☐ 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

9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMMIREZ, MARIAA A
5902 MEMORIAL HIGHWAY
APT 813
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: ~~Ramirez, Maria A.~~ Cammardella, Desiree T.
82 Street Address (P.O. Box Number is Not Acceptable): 604 Franklin St.
83
84 City: Oldsmar FL 85 Zip Code: 34677

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: ~~Maria Ramirez~~ Desiree T. Cammardella, President 8/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	RAMIREZ, MARIA A	1.2 NAME	~~Ramirez, Maria A.~~ Cammardella, Desiree T.
STREET ADDRESS	5902 MEMORIAL HIGHWAY #813	1.3 STREET ADDRESS	604 Franklin St.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	VP	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	BRITO, MIQUEL	2.2 NAME	~~Brito~~ Inaty, Omar
STREET ADDRESS	10102 FOREST NORTH	2.3 STREET ADDRESS	5349 Southwind Dr.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	S	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	HERNANDEZ, MARIFE	3.2 NAME	Sanz, Martha
STREET ADDRESS	7733 MARBELLA GREEK AVE	3.3 STREET ADDRESS	5289 Bay Water Dr.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE	T	4.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	MAAS, ISABEL	4.2 NAME	Berroteran, Cesar
STREET ADDRESS	16004 SHERWOOD DRIVE	4.3 STREET ADDRESS	3660 49th St North
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33714
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ~~Maria Ramirez~~ Desiree T. Cammardella, 8/7/95, (813) 854-5741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President

CR2E034 (3/95)

0000803 CP