

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:23

DOCUMENT # P93000031531 (5)

1. Corporation Name

J.R. CASINELLI INCORPORATED

Principal Place of Business

Mailing Address

1711 SW 138TH CT
MIAMI FL 33175-7524

1711 SW 138TH CT
MIAMI FL 33175-7524

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1993

3a. Date of Last Report

02/03/1994

2. Principal Place of Business

2a. Mailing Address

21 12420 SW 22 Tr

26 12420 SW 22 Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Country

Zip

Country

24 33175

25

29 33175

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASINELLI, JORGE
1711 SW 138TH CT
MIAMI FL 33175-7524

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 of person or persons named in Block 12 or 13, if applicable

Signature of Registered Agent, if applicable

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	DP
NAME	CASINELLI, JORGE
STREET ADDRESS	1711 SW 138TH CT
CITY, ST, ZIP	MIAMI FL 33175-7524
TITLE	DV
NAME	CASINELLI, MARIA
STREET ADDRESS	1711 SW 138TH CT
CITY, ST, ZIP	MIAMI FL 33175-7524
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 liquidator 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:

Signature and typed or printed name of signing officer or director

6/9/95

305-553-6517

CR2E034 (3/95)