

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

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AND
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95 MAY -1 PM 3: 19
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-05/09/95--01093--022
******200.00 ****200.00**

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # *P93 000041358*
1. Corporation Name
ANIELLO INVESTMENTS, Inc ✓

Principal Place of Business
155 E. FLAGLER ST
MIAMI, FL 33131

Mailing Address
940 LINCOLN Rd MALL
Suite 204
MIAMI BEACH, FL 33139

2. Principal Place of Business
21

2a. Mailing Address
26

22 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.

23 City & State **28** City & State

24 ZIP **25** County **29** ZIP **30** County

3. Date Incorporated or Qualified
06/07/93

3a. Date of Last Report
4-14-94

4. FEI Number
65-0421064

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

JACOBY EZRA
940 LINCOLN Rd MALL
Suite 204
MIAMI BEACH, FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **85** Zip Code **FL**

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 607.0503, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D JACOBY EZRA
2425 NE 195 ST. N
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D COHEN, RONI
3200 North 37 AVE
HOLLYWOOD, FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this statement, or on an attachment with an address.

SIGNATURE: *(Signature)*
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-27-95 *305 379-7960*