

**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. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05 JUL 20 PM 1:55

STATE  
ALABAMA, FLORIDA

**DOCUMENT # P93000042395 (2)**

1. Corporation Name

**SANTA MARIA ESTABLISHMENTS, INC.**

Principal Place of Business

**4141 NAYSHORE BLVD.  
SUITE 904  
TAMPA FL 33511**

Mailing Address

**4141 NAYSHORE BLVD.  
SUITE 904  
TAMPA FL 33511**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/14/1993</b>                                                                                           | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>59-3187815</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

**BUSCO, GISELLA  
4141 NAYSHORE BLVD.  
APT. 904  
TAMPA FL 33611**

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               |              |
| 84. City                                               | <b>FL</b>    |

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 Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                   |
|----------------------------|--------------------|--------------------------------------------------------|-----------------------------------|
| 1. NAME                    | 1. NAME            | <input type="checkbox"/> Change                        | <input type="checkbox"/> Addition |
| 2. STREET ADDRESS          | 2. STREET ADDRESS  |                                                        |                                   |
| 3. CITY, ST, ZIP           | 3. CITY, ST, ZIP   |                                                        |                                   |
| 4. NAME                    | 4. NAME            | <input type="checkbox"/> Change                        | <input type="checkbox"/> Addition |
| 5. STREET ADDRESS          | 5. STREET ADDRESS  |                                                        |                                   |
| 6. CITY, ST, ZIP           | 6. CITY, ST, ZIP   |                                                        |                                   |
| 7. NAME                    | 7. NAME            |                                                        |                                   |
| 8. STREET ADDRESS          | 8. STREET ADDRESS  |                                                        |                                   |
| 9. CITY, ST, ZIP           | 9. CITY, ST, ZIP   |                                                        |                                   |
| 10. NAME                   | 10. NAME           | <input type="checkbox"/> Change                        | <input type="checkbox"/> Addition |
| 11. STREET ADDRESS         | 11. STREET ADDRESS |                                                        |                                   |
| 12. CITY, ST, ZIP          | 12. CITY, ST, ZIP  |                                                        |                                   |
| 13. NAME                   | 13. NAME           |                                                        |                                   |
| 14. STREET ADDRESS         | 14. STREET ADDRESS |                                                        |                                   |
| 15. CITY, ST, ZIP          | 15. CITY, ST, ZIP  |                                                        |                                   |
| 16. NAME                   | 16. NAME           | <input type="checkbox"/> Change                        | <input type="checkbox"/> Addition |
| 17. STREET ADDRESS         | 17. STREET ADDRESS |                                                        |                                   |
| 18. CITY, ST, ZIP          | 18. CITY, ST, ZIP  |                                                        |                                   |
| 19. NAME                   | 19. NAME           |                                                        |                                   |
| 20. STREET ADDRESS         | 20. STREET ADDRESS |                                                        |                                   |
| 21. CITY, ST, ZIP          | 21. CITY, ST, ZIP  |                                                        |                                   |

**100001546071  
-07/25/95--01125--024  
\*\*\*\*225.00 \*\*\*\*225.00**

*TIS. 7/20/95*

**SIGNATURE:**

*Gisella Busco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06-15 95**

**8138399413**