

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:19

DOCUMENT # P93000043283 (9)

1. Corporation Name

FINI LIGNAROLO OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2043 SOUTH BAY SHORE DRIVE
SUITE P-30
MIAMI FL 33135

2043 SOUTH BAY SHORE DRIVE
SUITE P-30
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0427382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under D. 199.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUEZ, JOSE M--
700 N.W. LE JEUNE ROAD--
SUITE 400
MIAMI FL 33120

81 Name

Finis Lignarolo

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

7350 N.W. 7th St. Suite 113

83

84 City

Miami

FL

85 Zip Code

33126

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

Finis Lignarolo

Signature, typed or printed name of registered agent and date of registration

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LIGNAROLO, FINI
STREET ADDRESS 2043 SOUTH BAY SHORE DR. #P30
CITY - ST - ZIP MIAMI FL

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

☒ Change ☐ Addition
7350 NW 7th St., Suite 113
Miami, FL 33126

TITLE D
NAME LIGNAROLO, MARIO
STREET ADDRESS 2043 SOUTH BAY SHORE DR. #P30
CITY - ST - ZIP MIAMI FL

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

☒ Change ☐ Addition
7350 NW 7th St., Suite 113
Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am a registered agent or an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario Lignarolo

5/31/95 305-265-0900