FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
STATE
CORPORATIONS
95 JUN -1 AM 9:11

DOCUMENT # **P93000043477 (7)**

1. Corporate Name
RIVERSIDE RESTAURANT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
125 N RIVERSIDE DR POMPANO BEACH FL 33062	125 N RIVERSIDE DR POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1993**
3a. Date of Last Report: **08/10/1994**

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

4. FEI Number: **65-0427528** ☐ 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

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

9. Name and Address of Current Registered Agent

ROSENBAUM, RICHARD L ESQ
ONE E BROWARD BLVD
BARNETT BANK PLAZA PENTHOUSE
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 607.0501 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 New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MANDELL, IRA	12 NAME	
STREET ADDRESS	125 N RIVERSIDE DR	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	JOSEPH CASCIO,	22 NAME	
STREET ADDRESS	125 N. RIVERSIDE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ERICA MANDELL CASCIO,	32 NAME	
STREET ADDRESS	125 N RIVERSIDE DR	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: Erica Mandell-Cascio ERICA MANDELL-CASCIO 6/1/95 954-941-2494
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)

0104396 CP

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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000043515 (4)**

1. Corporate Name
LUIGI & SONS, INC.

Principal Place of Business	Mailing Address
1500 W. POWER LINE RD. POMPANO BEACH FL 33069	1500 W. POWER LINE RD. POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1993	3a. Date of Last Report: 06/06/1994
4. FEI Number: 65-0419692	☐ 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
7. This corporation has liability for insurance tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JENZANO, H.J. ~~411 E. HILLSBORO BLVD.~~ ~~DEERFIELD BCH. FL 33441~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3640 N. FEDERAL HWY. 83 84 City: Light house pt. FL 85 Zip Code: 33064

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: (If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	MIGLIACCIO, PETER	12 NAME	
13 STREET ADDRESS	11094 GLENWOOD DRIVE	13 STREET ADDRESS	
14 CITY ST ZIP	CORAL SPRINGS FL 33065	14 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		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)(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: Peter Migliaccio 4/27/95 305-970-0870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0111608 CP

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CORPORATION ANNUAL REPORT **1995**

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

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000043579 (0)

1. Corporation Name
GOOD HEALTH EQUIPMENT II, INC.

Principal Place of Business	Mailing Address
2322 SW FLAGLER ST. MIAMI FL 33135 US	2322 W. FLAGLER ST. MIAMI FL 33135 US

3. Date Incorporated or Qualified: 06/21/1993	3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0417906	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2699 STERLING ROAD	26 2699 STERLING ROAD
Suite, Apt. #, etc. 22 SUITE C-306-D	Suite, Apt. #, etc. 27 SUITE C-306-D
City & State 23 FORT LAUDERDALE FL.	City & State 28 FORT LAUDERDALE
Zip 24 33312 / Country 25 BROWARD	Zip 29 33312 / Country 30 BROWARD

9. Name and Address of Current Registered Agent

LOPEZ, GETER
341 S.E. AVENUE E.
BELLE GLADE FL

10. Name and Address of New Registered Agent

81 Name: OTNIEL HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 2699 STERLING ROAD SUITE C-306-D
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33312

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: OTNIEL HERNANDEZ-PRESIDENT MAY 31/1995

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPEZ, GETER
STREET ADDRESS	4799 N.W. FLAGLER TERRACE
CITY-ST-ZIP	MIAMI FL 33126
TITLE	STD
NAME	SANTOS, JESUS
STREET ADDRESS	32 N.W. 136TH AVE.
CITY-ST-ZIP	MIAMI FL 33182

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	OTNIEL HERNANDEZ	
1.3 STREET ADDRESS	12101 S.W. 172th STREET	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33177	
2.1 TITLE	STD	☐ Change ☐ Addition
2.2 NAME	DANIEL LOPEZ	
2.3 STREET ADDRESS	155 WEST 11th. STREET APT.9	
2.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33010	

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: 05/31/95 (305) 541-4086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0143167 CP

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CORPORATION ANNUAL REPORT
1995

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

FILED

DOCUMENT # **P93000043750 (7)**

1. Corporate Name
NORBIL CORP.

Principal Place of Business
2431 SW 4 ST
MIAMI FL 33135
US

Mailing Address
2431 SW 4TH ST
MIAMI FL 33135
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1993**
3a. Date of Last Report: **08/17/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0419821** ☐ Applied For ☐ Not Applicable
Suite Apt # etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HERNANDEZ, WILLIAM
2431 SW 4TH ST
MIAMI FL 33135

10. Name and Address of New Registered Agent

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 Section 607.1902 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 Current Registered Agent if changing) (Signature of New Registered Agent if being appointed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ZOGBY, MICHAEL	12 NAME	
STREET ADDRESS	5554 NORTHWEST MIAMI COURT	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33127	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☑ Change ☐ Addition
NAME	HERNANDEZ, NORBERT	22 NAME	ST HERNANDEZ William
STREET ADDRESS	2431 SW 4 ST	23 STREET ADDRESS	2431 SW 4 ST
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami Fl. 33135
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL ZOGBY

5/24/95 DATE
305-642-7707 Daytime Phone #

0143080 CP