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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000006386 (4)**

1. Corporation Name

FORTISSIMO CORPORATION

Principal Place of Business

**2754 W ATLANTIC BLVD
STE 29
POMPANO BEACH FL 33069
US**

Mailing Address

**P.O. BOX 7076
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

2a. Mailing Address

21 2722 W. Atlantic Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 22

27

City & State

City & State

23 Pompano Beach, FL

28

Zip

Country

Zip

Country

24 33069

25

U.S.A

29

30

9. Name and Address of Current Registered Agent

**SANG, REINA J
4501 JOHNSON ST.
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified

12/07/1993

3a. Date of Last Report

06/27/1995

4. FLEI Number

65-0469065

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$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

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 607.0502 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 typed or printed below of registered agent and date of signature

DATE Registered Agent signed in record office for filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
SANG, REINA J
4501 JOHNSON ST.
HOLLYWOOD FL 33021**

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE ☐ Change ☐ Addition

72 NAME

73 STREET ADDRESS

74 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. TITLE ☐ Change ☐ Addition

82 NAME

83 STREET ADDRESS

84 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reina J. Sang

5/9/96 (954) 970-3439

DATE

TELEPHONE

CR2E034 (12/95)