

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000013707 (2)

1. Corporation Name

GIOCHI REAL ESTATE & FINANCIAL, INC.



Principal Place of Business

1825 PONCE DE LEON BLVD.  
SUITE 116  
CORAL GABLES FL 33134

Mailing Address

1825 PONCE DE LEON BLVD.  
SUITE 116  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
02/18/1994

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 33146 US

2a. Mailing Address

26 1550 Madruga Avenue

27 Suite, Apt. #, etc.  
Suite 120

28 City & State  
Coral Gables, FL

29 Zip Country

4. FEI Number  
65-0473758

Applied For  
Not Applicable

5. Certificate of Status Desired XX \$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANESI, FRANCESCO  
1825 PONCE DE LEON BLVD.  
SUITE 116  
CORAL GABLES FL 33134

81 Name  
Robert M. McClaskey, Jr.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1550 Madruga Avenue, Suite 120  
83  
84 City  
Coral Gables, FL  
85 Zip Code  
33146

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 name of registered agent and title if applicable

ROBERT M. MCCLASKEY, JR.

3/18/96

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DANESI, FRANCESCO ☐ DELETE  
NAME  
STREET ADDRESS 1825 PONCE DE LEON BLVD., SUITE 116  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Robert M. McClaskey, Jr.  
1.3 STREET ADDRESS 1550 Madruga Avenue, Suite 120  
1.4 CITY-ST-ZIP Coral Gables, FL 33146

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE 3000001753728 ☐ Change ☐ Addition  
5.2 NAME -03/22/96--01014--001  
5.3 STREET ADDRESS \*\*\*208.75  
5.4 CITY-ST-ZIP

6.1 TITLE M.M. ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 3-21-96  
6.4 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

ROBERT M. MCCLASKEY, JR.

DATE

DAYTIME PHONE #

3/18/96 305661-4600

CR2E034 (12/95)