

APPROVED
AND
FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6835 SW 45TH LANE STE. 10
MIAMI FL 33155

3.	Printed (Required)	3a.	Signature (Required)
	03/04/1994		N/A
4.	Truck #		Approved For
	65-0486707		Post Approved
5.	Monthly Rental Charge	✓	\$8.75 Additional Fee Required
6.	Exterior Damage Charge		\$5.00 May Be Added to Fees
7.	Interior Damage Charge		
8.	Other Applicable Charges	✓	
	Exterior Total Due		

FERNANDO A. GIRO
Address (Street, Box Number or Post Office only)
7853 S.W. 106 CIRCLE
MIAMI **FL** **33156**

11. The Commission has also been informed that the Government of the Republic of the Philippines has been requested to provide information on the progress of the implementation of the measures taken to address the situation of the indigenous peoples of the Philippines, particularly the Lumas, who are the indigenous people of the Philippines.

12.	13.	ADDITIONAL CHANGES TO THE LISTING
D GIRO, RAUL R 3900 SEGOVIA STREET STE. 2 CORAL GABLES FL 33134		P RAUL R. GIRO 3900 SEGOVIA ST. #2 CORAL GABLES, FL 33134 ✓
		V MAGDALENA B. GIRO 3900 SEGOVIA ST. #2 CORAL GABLES, FL 33134 ✓
		S RAUL R. GIRO 3900 SEGOVIA ST. #2 CORAL GABLES, FL 33134 ✓

RAUL R. GIRO, PRESIDENT

MAY 4, 1995

(305) 444-2783

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

CORPORATION,
ANNUAL REPORT

1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION

RECEIVED
MAY 10 1995

DOCUMENT # P94000018718 (4)

DECESARE PLASTERING, INC.

FILED
MAY 10 1995
TALLAHASSEE, FLORIDA

1. Principal Office Location 5331 2ND AVE SW NAPLES FL 33999		2a. Mailing Address 5331 2ND AVE SW NAPLES FL 33999		3. Date of Incorporation (If changed) 03/07/1994		3a. Date of Last Report ☒ Applied For ☐ Not Applicable	
2. Principal Office Location 21		2a. Mailing Address 26		4. Filing Agent ☒ Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22. State of Incorporation 22		27. State of Mailing Address 27		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	
23. City 23		28. City & State 28		24. County 24		25. Zip 25	
26. City 26		27. State 27		28. City 28		29. Zip 29	
30. City 30		31. State 31		32. City 32		33. Zip 33	

9. Name and Address of Current Registered Agent DECESARE, PASQUALE 5331 2ND AVE SW NAPLES FL 33999				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			
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11. Pursuant to the provisions of Sections 607.02(6), 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 Sections 607.02(6), Florida Statutes.

SIGNATURE _____		12. OFFICERS AND DIRECTORS 12a. Name D DECESARE, PASQUALE 12b. Street Address 5331 2ND AVE SW NAPLES FL 33999 12c. City D 12d. State MEIMA, BARRY 12e. Street Address 25421 BUSYBEE DR BONITA SPRINGS FL 33923 12f. City D 12g. Name BERGIO DECESARE 12h. Street Address 5331 2ND AVE. SW NAPLES, FL 33999 12i. City 12j. State 12k. Name 12l. Street Address 12m. City 12n. State 12o. Name 12p. Street Address 12q. City 12r. State 12s. Name 12t. Street Address 12u. City 12v. State		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Add: +, Delete: -) 13a. Name 13b. Street Address 13c. City 13d. State 13e. Name 13f. Street Address 13g. City 13h. State 13i. Name 13j. Street Address 13k. City 13l. State 13m. Name 13n. Street Address 13o. City 13p. State 13q. Name 13r. Street Address 13s. City 13t. State 13u. Name 13v. Street Address 13w. City 13x. State 13y. Name 13z. Street Address 13aa. City 13ab. State	
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from filing this report. I further certify that the information included 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 registered agent or authorized representative of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1, or Block 1, or on an attachment with my address.

SIGNATURE: *Pasquale Decesare* 5-8-95 813-353-7181
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR