

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000028374 (4)

1. Corporation Name

LA DOLCE VIVA, II, INC.

Principal Place of Business

11419 F WEST PALMETTO PARK RD.
BOCA RATON FL 33428

Mailing Address

11419 F WEST PALMETTO PARK RD.
BOCA RATON FL 33428

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

ZIP

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

ZIP

Country

4. FEI Number

65-0489412

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

9. Name and Address of Current Registered Agent

BERMAN, PHILIP M
BERMAN & FELDMAN
2424 N.E. 22ND ST.
POMPANO BEACH FL 33062

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 name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME VIVA, JOHN
STREET ADDRESS 2401 N.E. 48TH COURT
CITY, ST, ZIP LIGHTHOUSE POINT FL 33064

TITLE DS
NAME VIVA, LINDA
STREET ADDRESS 2401 N.E. 48TH COURT
CITY, ST, ZIP LIGHTHOUSE POINT FL 33064

TITLE DV
NAME VIVA, SAL G
STREET ADDRESS 4230 N.E. 23RD AVE
CITY, ST, ZIP LIGHTHOUSE POINT FL 33064

TITLE DT
NAME VIVA, ALISON S
STREET ADDRESS 4230 N.E. 23RD AVE
CITY, ST, ZIP LIGHTHOUSE POINT FL 33064

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, 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: *Alison Viva*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Typed or printed name of registered agent and fee if applicable)