

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
Tallahassee, Florida 32399

APPROVED
AND
FILED

SEP 11 - 1 AM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029182 (0)**

1. Corporation Name

SANTA BERGAMO, INC.

Principal Place of Business

**4620 PIERCE STREET
HOLLYWOOD FL 33021**

Mailing Address

**4620 PIERCE STREET
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/15/1994	3a. Date of Last Report
4. FIC Number 65-0489057	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. Previous Method of Reporting	2a. Mailing Address
21. State Apt. #	26. State Apt. #
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BERGAMO, SANTA
4620 PIERCE STREET
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. I, the undersigned, the president of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address set forth in this statement of the State of Florida. Such change was authorized by the corporation as required by law. I hereby accept the appointment as registered agent. I am not a resident of the State of Florida, and I have no office in the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PSD BERGAMO, SANTA 4620 PIERCE STREET HOLLYWOOD FL 33021	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am not a resident of the State of Florida, and I have no office in the State of Florida. I hereby accept the appointment as registered agent. I am not a resident of the State of Florida, and I have no office in the State of Florida.

SIGNATURE:

Santa Bergamo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/28 305 896-1444