

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000042923**

1. Corporation Name

CEPHAS, INC.

Principal Place of Business

Mailing Address

SOME

**2280 N. Federal Hwy
Boynton Beach, FL 33435**

2. Principal Place of Business

2a. Mailing Address

21 See #1

26 See #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

6/8/94

unknown

4. FEI Number

65-0666513

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

10. Name and Address of New Registered Agent

81 Name

Luigi Gambolgo

82 Street Address (P.O. Box Number is Not Acceptable)

6921 Giralda Circle

83

84 City

Boynton Beach

FL

85 Zip Code

33433

11. Pursuant to the provisions of Sections 607.0102 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]

Date: **6/17/96**

12. OFFICERS AND DIRECTORS

1 TITLE **President**
NAME **Luigi Gambolgo**
STREET ADDRESS **6921 Giralda Circle**
CITY-ST-ZIP **Boynton Beach, FL**

2 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300001884673

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*****225.00**

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 no change appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96

401 8320222

CR2E034 (12/95)