

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P' 94000046305 (6)
1. Corporation Name

FOGLIA TWO, INC.

Principal Place of Business Mailing Address

2901 LE JEUNE RD
#202
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/94

4. FEI Number

65-049902

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 33134

9. Name and Address of Current Registered Agent

CHIARATO, UGO V CPA
220 71st STREET
SUITE 213
MIAMI BEACH, FL 33141

10. Name and Address of New Registered Agent

81 Name

VEGA, ALBERT P.

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

2901 LE JEUNE RD

83

SUITE 202

84 City

CORAL GABLES

FL

85 Zip Code

33134

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FOGLIATI, MARIA G
STREET ADDRESS 6767 COLLINS AVE., #2104
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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

TITLE PD ☒ Change ☐ Add:

NAME FOGLIATI, MARIA G
STREET ADDRESS 2901 LE JEUNE RD # 202
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Add:

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add:

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Add:

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, or Block 13, or both, of this report.