

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # P94000050271 (3)

1. Corporation Name

MOSTA CORPORATION

Principal Place of Business

28 WEST FLAGLER ST.
SUITE 301
MIAMI FL 33130

Mailing Address

28 WEST FLAGLER ST.
SUITE 301
MIAMI FL 33130

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., H., etc.

26 Suite, Apt., H., 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

ROMANO, GENNARO
28 WEST FLAGLER ST.
SUITE 301
MIAMI FL 33130

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

02/27/1995

4. FID Number

59-1972109

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. 193.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(1)(b), 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 607.05(1)(b), Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this statement

Signature of the person authorized to sign this statement

Date

12. OFFICERS AND DIRECTORS

TITLE DTSP
NAME CAPUA, PETER M
STREET ADDRESS 28 WEST FLAGLER ST. 11TH FLOR
CITY-ST-ZIP MIAMI FL 33130

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY-ST-ZIP

8. TITLE

8. NAME

8. STREET ADDRESS

8. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter M. Capua 3/26/96 (305) 374-6518

CR2E034 (12/95)