

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

**APPROVED
AND
FILED**

95 FEB 17 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra P. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000062144 (8)**

1. Corporation Name

RICOLI BLOCK CO.

Principal Place of Business

**3114 WEST 69TH PLACE
HALEAH FL 33016**

Mailing Address

**3114 WEST 69TH PLACE
HALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1994

3a. Date of Last Report

4. FEI Number

65-0513983

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. 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

9. Name and Address of Current Registered Agent

**OLIVEROS, PIEDAD
3114 WEST 69TH PLACE
HALEAH FL 33016**

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

Sandra P. Northam

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

1-13-95

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|-----------------------------|
| TITLE | PD |
| NAME | OLIVEROS, PIEDAD |
| STREET ADDRESS | 3114 WEST 69TH PLACE |
| CITY-ST-ZIP | HALEAH FL 33016 |
| TITLE | VD |
| NAME | OLIVEROS, ALVARO |
| STREET ADDRESS | 3114 WEST 69TH PLACE |
| CITY-ST-ZIP | HALEAH FL 33016 |
| TITLE | STD |
| NAME | RICARDO, RAFAEL |
| STREET ADDRESS | 3114 WEST 69TH PLACE |
| CITY-ST-ZIP | HALEAH FL 33016 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | 900001410409 |
| 4. CITY-ST-ZIP | -02/20/95--01062--006 |
| 5. TITLE | ***200.00 ***200.00 |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-ST-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | T/S. 2/17/95 |
| 12. CITY-ST-ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. 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(9)(b), 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: *Sandra P. Northam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95

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