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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000092501 (3)

J & A SCHETTINO INCORPORATED

## **FILED** Feb 04 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address		E 10.8 \$400) (10.1011/1 Q\$441 \$641 \$011) (	ONIT BOLLA INGIA ANDAL ONIN BOLDE HERT TOOL
11212 SW 129 MIAMI FL 3318		11212 SW 129TH PLACE MIAMI FL 33186-4751			
				3. Date Incorporated or Qualified 01/02/1995	3a. Date of Last Report 02/13/1996
2. Principal Place of Business 22. Mailing Address 21 1280 Garden Road 26 1480 Gard			en Road	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	WOERDAIE, HL		RDALE A		\$5.00 May Be Added to Fees
2ip 3333	25 USA  9. Name and Address of Curren		30 USA	This corporation has liability to Florida Statutes     Name and Address of New I	or intangible tax under s. 199.032, Yes No
SCH	KETTINO, JOHN	( Negletelen Agent	B1 Name		Schettino
	12 SW 129 PLACE		82 Street	<del></del>	
MIAMI FL 33186			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City	LANDERDALE	FL 85 Zip Code 38326
11. Pursuant t	to the provisions of Sections 607.0502	and 607, 1508, Florida Statute	es, the above-named	corporation submits this statement for the coration's locard of directors. I hereby acc	purpose of changing its registered
agent. La	m familiar with and a cept the obliga	of, Section 607.0505, Flo	rida Statutes	Solution of Solutions Thoroby and	opt the appointment as registered
SIGNATURE	x. White	<i>[</i>	x. Olu	alcuttur	1/14/97
12.	Sign about typed or produce and or registered ager OFFICERS AND		Hegisteregy/gent signature		ICERS AND DIRECTORS IN 12
TITLE	n OFFICERS AND	DELETE	1.1 TiTLE	DIRECTOR IR	CANANT BY Change Addition
NAME	SCHETTINO, ALINA	ELLI OCCUL	1.2 NAME		
STREET ADDRESS	C/O 11212 SW 129TH PLACE		1.3 STREET ADDRESS	Mina Schetting	AD
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	FT. LAYDER DALL	
TITLE	D	DELETE	2.1 TITLE	Dillecture Lorge Par	Change Additio
NAME	SCHETTINO, JOHN		2.2 NAME	THU Sehettin	3/60/11
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	MIAMI FL 33186			18.10	F P 33324
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NAME		had brock-	3.2 NAME		· · · · · · · · · · · · · · · · · · ·
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TITLE		DELETE	41 TITLE		☐ Change ☐ Additio
NAME		*****	4. 2 NAME		
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CITY-ST-2P			4.4 CITY - ST - ZiP		
TITLE		DELETE	5.1 T∤TLE		☐ Change ☐ Additio
NAME			5.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME			6.2 NAME		•
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereb	by certify that the information supplied	I with this filing does not qualif	y for the exemption s	tated in Section 119,07(3)(i), Florida Statu	ites. I further certify that the
informatio	in indicated on this annual report or s flicer or director of the corporation or	upplemental annual report is to the receiver or trustee empow	rue and accurate and ered to execute this :	i that my signature shall have the same le	igal effect as if made under oath: thi
appears i	n Block 12 or Block 13 if changed, or	on an attachment with an add	tres#11, na 5	report as required by Chapter 607, Florida	and a construction of the control of
		<b>33</b>	$n \sim 10^{-7}$	July - 1.16	a 620 020 - 11/1
SIGNAT	URE:	PHINTED NAME OF SIGNING OFFICER	OR DIRECTOR	suns 1/14/4	Daytime Phone #
				T	