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PROFIT **CORPORATION** ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000004453 (3) **DOCUMENT #**

BIANCHI ENTERPRISES, INC. Maling Address Principal Place of Business 3868 ALCANTARA AVE 3868 ALCANTARA AVE MIAMI FL 33178 MIAMI FL 33178 3a. Date of Last Report 3. Date Incorporated or Qualified 01/13/1995 Applied For 2. Principal Place of Business 65-0583004 5889 NW 36 STREET Not Applicable 21 5889 NW 36# STREET 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Γ Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Added to Fees Trust Fund Contribution ノギレ MIAMI MIAMI 28 23 8. This corporation has liability for intangible tax under s. 199,032, Zip USA 33166 A 2U X Yes ☐ No 33166 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 BIANCHI, DEYSE C 3868 ALCANTARA AVE 83 **MIAMI FL 33178** Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607,0507 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 CHATE SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Addition T DELETE 1.11066 TITLE 1.2 NAME BIANCHI, FRANCO G NAME 13 STREET ADDRESS 3868 ALCANTARA AVE STREET ADDRESS 1.4 CHT+-\$1-ZIP MIAMI FL 33178 CITY - ST - ZIP Change Coltabba □ DELETE 2 1 Tille TITLE 2.2 NAME BIANCHI, DEYSE C NAME 2.3 STREET ACORESS STREET ADDRESS 3868 ALCANTARA AVE 24 CITY - ST - ZIP MIAMI FL 33178 CITY - ST - ZIP Change Addition DELETE 3.1 1102 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY+SL ZIF CITY - ST - ZIP ☐ Change ☐ Addition ["] DELETE 4 1 THE THEF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY+ST_ZIP CITY-ST-ZIP 300001847693 Addition DELETE 5 1 Tall TITLE 5.2 NAME -06/03/96--01032--003 NAMÉ 5.3 STREET ADORESS ***200.00 STREET ADDRESS 5 4 CITY - ST - ZIF OTY-ST-ZIP DELETE 6 1 TiTLE TILLE 6.2 NAME NAME 6.3 STREET ADDRESS

64 C:TY - ST 21P

SIGNATURE:

STREET ADDRESS

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/0x/96 (30) 870.0305

14. I do hereby certify that the information supplied with this fling 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 my name appears in Block 12 or Block 13 changed, or on an attachment with an address