FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Feb 21 1996 8:00 am
Secretary of State

DOCUMENT # **P95000063609 (8)**

1. Corporation Name
MASTROPIERO, INC.

Principal Place of Business
1740 79TH CAUSEWAY
NORTH BAY VILLAGE FL 33141

Mailing Address
1740 79TH CAUSEWAY
NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified: **08/16/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 1009 KANE CONCOURSE
22 Suite, Apt. #, etc.
23 City & State BAY HARBOR, FL.
24 Zip 33154
25 Country DADE

2a. Mailing Address
26 1009 KANE CONCOURSE
27 Suite, Apt. #, etc.
28 City & State BAY HARBOR, FL.
29 Zip 33154
30 Country DADE

4. FEI Number 65-0610166 — 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

9. Name and Address of Current Registered Agent

SIMONS, BARRY L ESQ.
2601 SOUTH BAYSHORE DRIVE, SUITE 1775
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name ELOY ROY
82 Street Address (P.O. Box Number is Not Acceptable) 10735 GRIFFING BLVD.
83
84 City BISCAYNE PARK, FL
85 Zip Code 33161

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] - PRESIDENT   DATE 1/24/96

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☑ Addition
1.2 NAME	ELOY ROY	
1.3 STREET ADDRESS	10735 GRIFFING BLVD.	
1.4 CITY-ST-ZIP	BISCAYNE PARK, FL. 33161	
2.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
2.2 NAME	ALEJANDRO PORTELA	
2.3 STREET ADDRESS	1740-79th. ST. KENNEDY CSWAY	
2.4 CITY-ST-ZIP	N.BAY VILLAGE, FL. 33141	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	400001720894	
4.3 STREET ADDRESS	-02/22/96--01007--011	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		2.21

CR2E034 (12/95)

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(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] ELOY ROY   01/24/96   (305)861-8166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #