

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

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000076276 (1)

1. Corporation Name

TRAVERTINO TRADING COMPANY

Principal Place of Business

8249 NW 36TH ST.
#216
MEDLEY FL 33166

Mailing Address

8249 NW 36TH ST.
#216
MEDLEY FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1995

4. FEI Number

65-0651109

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1515 NW 167th Street

26 1515 NW 167th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 226, Building 5

27 226, Building 5

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

24 33169

Country

29 33169

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

LABATE, MARK J
101 NE 3 AVE STE 300
FT LAUDERDALE FL 33301

81 Name

LABATE, MARK J.

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

83 800 S.E. 3rd Ave, Suite 300

84 City Ft. Lauderdale

FL

85 Zip Code 33316

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, typed or printed name of registered agent and that of applicable

(NOTE: Registered Agent signature required when reinstating)

11/8/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	LOSACCO, SILVIO V	
STREET ADDRESS	2880 NE 203 ST B-3	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOSACCO, SILVIO V.	
1.3 STREET ADDRESS	1515 NW 167th Street, Ste. 226, Bldg. 5	
1.4 CITY-ST-ZIP	Miami, FL 33169	

2.1 TITLE	Asst. Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAPPELLI, ATTILIO	
2.3 STREET ADDRESS	1515 NW 167th Street, Ste. 226, Bldg. 5	
2.4 CITY-ST-ZIP	Miami, FL 33169	

3.1 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LABATE, Mark J.	
3.3 STREET ADDRESS	800 SE 3rd Ave, Ste. 300	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/1998

Date

Daytime Phone #

0222222

CR2E034 (10/97)