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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000082899 (2) MAURELLO CORPORATION

FILED May 20 1997 8:00am Secretary of State

Principal Place of Business 6667 NW 36TH ST. MIAMI SPRING FL 33146		Mailing Address 5349 W 14 LANE HALEAH FL 33012-2228			
				3. Date Incorporated or Qua 10/30/1995	lified 3a. Date of Last Report 05/01/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0629120	Not Applica
Suite, Ap		Suite, Apt. #, etc.		5. Certificate of Status Desire	sed \$8.75 Additional Fee Required
City & St	ate	City & State	:	6. Election Campaign Finance	sing \$5.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	I	ity for intangible tax under s. 199.032,
24	25] 9, Name and Address of Curren	1 Poolstored Apont	30	Florida Statutes 10. Name and Address of No.	☐ Yes ☐ No
ALA	URELLO, HUMBERTO	negistered Agent	81 Name	TO. Name and Address of No	ew negistered Agent
	49 WEST 14 LANE				
HIALEAH FL 93012			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
TIMENT LE SSUIZ			B3 \		
			. 84 City		FL 85 Zip Code
11. Pursuar office of agent. I	nt to the provisions of Sactions 607.050; r registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida Such change was a ations of Section 607.0505, Flo	es, the above-named corr authorized by the corporal orida \$tatutes.	poration submits this statement fo lion's board of directors. Thereby	r the purpose of changing its registered
SIGNATURE					
:12.	Signature, typed or printed name of registered age OFFICERS AND		E: Registered Agent signature require 13.		OFFICERS AND DIRECTORS IN 12
TITLE	P	DELLTE	1,1 70LF	ADDITIONS/OTANGLES TO	Change Addition
NAME	MAURELLO, HUMBERTO		1.2 NAME		
STREET ADDRESS	PAIN ME EAST	•	1,3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY - ST - ZIP		
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DELETE	2.1 INLE		Change Addition
NAME	RODRIGUEZ, BLANCA		2.2 NAME		
STREET ADDRESS	s 5349 W 14 LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2 4 CH Y - S1 - ZIP		
TITLE		DELETE	3 1 1/1LE		Change Addition
NAME	1		3.2 NAME		
STREET ADDRESS	s		3.3 STREET ADDRESS	1	
CITY-ST-ZIP			3.4. CITY-SI-7(P		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS	s		4.3 STREET ADDRESS		
· CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	1		5.2 NAME		
STREET ADDRESS	§		\$.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME	. [6.2 NAME		
STREET ADDRESS	S		63 STREET ADDRESS		1
14. Loo ber	eby certify that the information supplied	d with this files may not quali	64 CITY-S1-7IP	Lin Section 119 07/3)(i) Florida S	Statutes I further certify that the

fall annual inport is true and accurate and that my signature shall have the same legal effect as if made under oath; that ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name