

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088594 (3)

1. Corporation Name

CAMILLE'S LOLLIPOPS AND RAINBOWS INC.

Principal Place of Business

655 N.E. 125TH ST.
NORTH MIAMI FL 33161

Mailing Address

655 N.E. 125TH ST.
NORTH MIAMI FL 33161



3. Date Incorporated or Qualified

11/17/1995

3a. Date of Last Report

4. FEI Number

65-0616541

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

MURATORE, PIA
655 N.E. 125TH ST.
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 PIA MURATORE

Signature of Registered Agent

4/26/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

13.

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1. PRESS DEPT

CARLA IZZO

809 NE 125 ST

NO MIAMI, FL 33161

2. TREASURER

PIA MURATORE

809 NE 125 ST

NO MIAMI, FL 33161

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

500001916395

-08/08/96--01027--050

***225.00

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:

PIA MURATORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(305) 8915437

Daytime Phone

CR2E034 (12/95)