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

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9, Name and Address of Current Registered Agent

**PROFIT** CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600005391 (3)

F AND G IMPORT & EXPORT INC.

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LO DUCA, PASQUALE 1621 16TH CT

JUPITER FL 33477

Principal Place of Business Mailing Address 1621 16TH CT 1621 16TH CT JUPITER FL 33477 JUPITER FL 33477-9022 3. Date Incorporated or Qualified 3a. Date of Last Report 01/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032,

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84 Zip Code 85 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.

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Name

SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) 13. LODUCA PASQUAKE DELETE TITLE Change \_\_\_ Addition 1.1 TO UE (DUCA, PASQUALE L \ NAME 1.2 NAME SOM! LO DUCA MARIANNA SOM! 1621 16TH CT STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP 1.4 CITY - ST - ZIP DST DELETE TITLE 2.1 TITLE Change Addition DUCA, MARIANNA LÌ NAME 2.2 NAME 1621 16TH CT STREET ADDRESS 2.3 STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP 2 4 CiTY-ST-ZIP GIUSEPDE LOMBALDO DELETE TITLE GIUSE PPE LOMBARdo
1621/14/40/ 3347/ 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS Samo CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 1 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 changes, or on an attachment with an address.

Florida Statutes

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

10. Name and Address of New Registered Agent

**FILED** 

Jun 17 1997 8:00am

Secretary of State

Yes No

Applied For

Fee Required

Not Applicable