

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		Apr 28 1997 8:00am Secretary of State	
DOCUMENT # P96000092394					
1. Corporation Name SPIZZACO, INC.					
Principal Place of Business 4665-4749 60 Street at 64th Ave, North, PLAZA 66 Kenneth City, FLA 33709		Mailing Address 4665-4749 60 Street at 64th Ave. North PLAZA 66 Kenneth City, FL 33709		3. Date Incorporated or Qualified NOVEMBER 8, 1996	
2. Principal Place of Business		2a. Mailing Address		3a. Date of Last Report N/A	
21 State Apt # etc.		26 Suite, Apt #, etc.		4. FEI Number 59-3429628	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent CORPORATE SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FLA 32301			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 officer 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					
(NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
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14. I do 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: X					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
GEORGIO C. BERTRAND, DIRECTOR					
X March 5, 1997 X 813 555-7097					