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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000094073 (9)

1. Corporation Name

CALVO ENTERPRISES INC.

Principal Place of Business

2701 NE 17TH TERR
WILTON MANORS FL 33334
US

Mailing Address

2701 NE 17TH TERR
WILTON MANORS FL 33334
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

65-0726402

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CALVO, PETER A
2919 NW 5 AVE
WILTON MANORS FL 33311

10. Name and Address of New Registered Agent

81 Name

Peter A. Calvo

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

2701 NE 17th Terrace

84 City

Wilton Manors

FL

85 Zip Code

33334

11. Pursuant to the provisions of Sections 607.0102 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(If 11. Registered Agent signature required when reinstating)

4/21/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D CALVO, PETER A
STREET ADDRESS 2919 NW 5 AVE
CITY-ST-ZIP WILTON MANORS FL 33311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Calvo, Peter A.
1.3 STREET ADDRESS 2701 NE 17th Terrace
1.4 CITY-ST-ZIP Wilton Manors, FL 33334

2.1 TITLE S/T/D ☐ Change ☒ Addition
2.2 NAME Calvo, Dana R.
2.3 STREET ADDRESS 2701 NE 17th Terrace
2.4 CITY-ST-ZIP Wilton Manors, FL 33334

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Peter A. Calvo, Pres. 4/21/98 (954) 568-5604

CR2E034 (10/97)