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FILED
Mar 27 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 # P97000018457 (6)

1. Corporation Name
FASOLA INC.

Principal Place of Business

2017 S OCEAN DRIVE
PH 10W
HALLANDALE FL 33009

Mailing Address

2017 S OCEAN DRIVE
PH 10W
HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

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 12041 Piccadilly Pl.

Suite, Apt. #, etc.

City & State

23 Davie, FL

Zip Country

24 33325-5234

2a. Mailing Address

26 12041 Piccadilly Pl.

Suite, Apt. #, etc.

City & State

28 Davie, FL

Zip Country

29 33325-5234 30

9. Name and Address of Current Registered Agent

FERRIER, ANGELIKA M
2017 S OCEAN DRIVE
PH 10W
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name Ferrier Angelika M.
82 Street Address (P.O. Box Number is Not Acceptable)
12041 Piccadilly Pl.
83
84 City Davie FL 85 Zip Code 33325

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

[Signature]
Signature of present name of registered agent and title if applicable

A.M. Ferrier

(NOTE: Registered Agent signature required when reinstating)

DATE

March 23, 98

12. OFFICERS AND DIRECTORS

TITLE Director
NAME Lionel W. Ferrier
STREET ADDRESS 12041 Piccadilly Pl.
CITY-ST-ZIP Davie 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

[Signature]

A.M. Ferrier

March 23

CR2E034 (10/97)