

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S12539** (0)  
1. Corporation Name  
**CALABRO, INC.**



Principal Place of Business  
**95 NW 31ST AVE.  
MIAMI FL 33125**

Mailing Address  
**95 NW 31ST AVE.  
MIAMI FL 33125**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**11/14/1990**

3a. Date of Last Report  
**01/26/1995**

4. FET Number  
**NOT APPLICABLE**

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

**BUTTACAVOLI, ROSARIA F.  
95 NW 31 AVENUE  
MIAMI, FL 33125**

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

Signature of the person or firm or corporation authorized to file this report

(If the Registered Agent's signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

1. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**D  
BUTTACAVOLI, ROSARIA F.  
95 NW 31 AVE  
MIAMI FL**

2. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**D  
ZKLAB, SANTA  
761 NW 31 ST  
MIAMI FL**

3. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**D  
SHAHEEN, FRANCES  
6801 SW 80 AVE  
MIAMI FL**

4. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**D  
FERIA, CONCETTA  
275 NW 64 CT  
MIAMI FL**

5. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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: *Rosaria F. Buttacavoli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

(305)  
649-2095  
595-2626  
Date  
Telephone

CR2E034 (12/95)