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

_ PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S12539**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90054 021 *****8.75 03-02-1999 90054 022 ***150.00

CALABRO, INC. Mailing Address Principal Place of Business 95 NW 31ST AVE. 95 NW 31ST AVE. MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/14/1990 4.⊭FEI Number≈ - Applied For-2a. Mailing Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BUTTACAVOLI, ROSARIA F. 82 Street Address (P.O. Box Number is Not Acceptable) 95 NW 31 AVENUE MIAMI, FL 33125 83 Zip Code 84 85 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE ☐ Change 1.1 TITLE TITLE BUTTACAVOLI, ROSARIA F. 1.2 NAME NAME 95 NW 31 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE ZKIAB. SANTA 2.2 NAME NAME 761-NW 31-ST---2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE NAME SHAHEEN, FRANCES 3.2 NAME 6801 SW 80 AVE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4 CITY-ST-ZtP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE FERIA, CONCETTA 4.2 NAME NAME 275 NW 64 CT 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE B.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 charged, or address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98