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

PROFIT CORPORATION ANNUAL REPORT

1997



L'UORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$32437

(3)

RUSSO HOLDINGS INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place	e of Busines	·	Mailing Addre	Mailing Address				-					
		J	-	-									
C/O ROBERT RUSSO 2001 N STATE RD 7				C/O ROBERT RUSSO 2001 N STATE RD 7									
MARGATE FL 33063				MARGATE FL 33063-5745									
MANUALIE IC			manonic re u	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	3	Date Inc. 02/15/		or Qualified		te of Last <b>18/1996</b>	
2. Principal P	lace of Busin	ness	2a. Mailing Ad	2a, Mailing Address				i. FEI Nur				<u> </u>	Applied For
21			}- <u>-</u> -	26				65-0243817			-	Not Applicable	
Suite, Apt.	# etc			Suite, Apt. #, etc.					-10011				Additional
22	# <sub>1</sub> QtO.		h m	P				. Certifica	ate of Statu	is Desired			Required
City & State	^	<del></del>		City & State									
City & State			<b>⊢</b> ¬ ′	<u></u> ⊢¬ ′						r Financing			May Be
23			28						ınd Contrib		<u> </u>		d to Fees
Zip		Country	Zip				В		•	as liability fo	or intangible		s. 199.032,
24		25	29					Florida Statutes Yes No  10. Name and Address of New Registered Agent					
	- T	<del></del>	urrent Registered Agen	<u>t.                                      </u>				), Name a	and Addre	ss of New F	Registered /	Agent	
RUS	iso, Robei	RT			81	Name	· D	n BOB	77 1	Zussa	•		
6220	0 NW 77 TI	err		82 Street Add			t Addross (	P O Boy	Numbarie	Not Accept	afile)	· · · · · · · · · · · ·	
	KLAND FL				02	311001	182	) N A		Not Accept	900)		
		00001			83		Ococ	-U/.		<u>-</u>	<u> </u>		
1.					1								
Frankling	4 -				84	City	Dans	Oall	. Q.	2011		85 Zy	) Code
								PANI			FL	<u>    3</u>	3062
11. Pursuant	to the provis	ions of Sections 607	7.0502 and 607.1508, file State of Florida, Such ch	rida Statutes	s, the above	s-named	d corporation	on submit	s this state	ment for the	e purpose of	changing	its registered
			obligations of, Section 60				a poration s	Doard Or	Ullectors. I	Heretry acc	ept the app	On the left a	is registered
		,	g										
SIGNATURE	Signature, typed	or punted name of register	ed agent and title if applicable	(NOTE	Registered Age	nit signatur	ire required who	eu roinstaling)	<del></del> -	-,	DATE		
12.		<del></del>	S AND DIRECTORS		13.	<del>-</del> -				SES TO OFF	ICERS AND	DIRECTO	PRS IN 12
TITLE	D			DELFTE	1.1 TITLE		( D					Z'Change	Addition
NAME	RUSSO,	ROBERT	_		1.2 NAME		ROB	Ber T'	Russi	0	Fl 3:	•	-
i .							2.8	TO W	E 94	cy			
STREET ADDRESS	DADVI AND EI			1.3 STREET ADDRESS			2	Darm Du	24111 1	and	F/ 3	3062	
.CITY-ST-ZIP	FARRUM	IV FL			1.4 CHY-5	1-216		VIIIVI		(41611)	,		
THTLE			L	DELETE	2.1 TITLE			•				Change	: L Addition
NAME					2.2 NAME								
STREET ADDRESS					2.3 STREET	ADDRESS	3						
CITY-ST-ZIP	1				2. 4 CHY-	\$1 - <b>Z</b> IP							
TITLE				DELETE	3.1 TITLE							Change	Addition
NAME			_	-	3.2 NAME								
i						NEDDECO.	, [						
STREET ADDRESS					3.3 STREE		` [						
CITY-ST-ZIP				P. C. T. C.	3.4. CITY-	SI - 21F							
TITLE				DELETE	4.1 TITLE		1					L Change	Addition
NAME ·					4. 2 NAME		1						
STREET ADDRESS					4.3 STREE	ADDRESS	3						
CITY-ST-ZIP					4.4 CITY - S	T - ZIP	1						
TITLE	<del>                                     </del>			DELFTE	5.1 TILE		<del>-  </del>					Change	Addition
			_				1						
NAME					5.2 NAME		. [						
STREET ADDRESS					5.3 STREET	ADDRESS	· [						
CITY-ST-ZIP					5.4 CITY - S	1 - ZIF	<u> </u>						
TITLE				DELETE	6.1 TITLE		1					Change	Addition
NAME					6.2 NAME		1						
STREET ADDRESS					6.3 STREET	ADDRESS	3						
					6.4 CITY - 9		1						
CITY-ST-ZIP	by certify the	t the internation em	pplied with this filing doe	e not nueldy			L stated in S	Section 11	9.07(3)(i) 1	Iorida State	ites I further	cortify the	at the

4. I do hereby certify that the information supplied with this filing does not quality 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 it made under oath; that I am an officer or director of the coprofation or the accepter or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

NONATURE.

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