SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:28

DOCUMENT # **S61197** **(7)**

1. Corporation Name
CALABRIA ENTERPRISES, INC.

Principal Place of Business
726 E LAS OLAS BLVD
FT LAUDERDALE FL 33301

Mailing Address
726 E LAS OLAS BLVD
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — County — 25 / 30

4. FEI Number: **65-0271012** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. ☐ — **$5.00** May Be Added to Fees
8. This corporation has [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CUPELLI, ANTHONY
726 E LAS OLAS BLVD
FT LAUDERDALE FL 33301

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 New Registered Agent — Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
D	CUPELLI, ANTHONY	726 E LAS OLAS BLVD	FT LAUDERDALE FL

13. Title / Name / Street Address / City, St, Zip — ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions listed in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained in the 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 hereof, or is otherwise attributable with an address.

SIGNATURE: [signature] 6/22/95
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (3/95)

0071030 CP