FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **S76076** **(6)**

1. Corporation Name
135 DUVAL COMPANY

Principal Place of Business
209 SOUTH ATLANTIC BLVD.
FORT LAUDERDALE FL 33316

Mailing Address
209 SOUTH ATLANTIC BLVD.
FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: **08/27/1991**
3a. Date of Last Report: **02/03/1994**

2. Principal Place of Business
21 135 DUVAL STREET
Suite, Apt. #, etc. 22
City & State 23 KEY WEST Florida
Zip 24 33040 Country 25 MONROE

2a. Mailing Address c/o P.P. Parisi
26 2832 N.E. 21ST COURT
Suite, Apt. #, etc. 27
City & State 28 FT. LAUDERDALE FL.
Zip 29 33305 Country 30 BROWARD

4. FEI Number: **65-0284562** 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
D'JAMAL, SOLY
209 SOUTH ATLANTIC BLVD.
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81 Name PETER P. PARISI C/O PA
82 Street Address (P.O. Box Number is Not Acceptable) 2832 N.E. 21ST COURT
83
84 City FT. LAUDERDALE FL 85 Zip Code 33305

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: PETER P. PARISI 4/3/95
Signature of a party named in the registered agent or title of officer (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	D'JAMAL, SOLY	1.2 NAME	
STREET ADDRESS	209 SOUTH ATLANTIC BLVD.	1.3 STREET ADDRESS	
CITY ST ZIP	FORT LAUDERDALE FL	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	PTSD ☐ Change ☒ Addition
NAME		2.2 NAME	ITTALI, CHARLES
STREET ADDRESS		2.3 STREET ADDRESS	3702 DONALD STREET
CITY ST ZIP		2.4 CITY ST ZIP	KEY WEST, FLORIDA 33305
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST 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: Charles Ittali 4/3/95 (305)294-7905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0224979 CP