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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S94119** (2)

1. Corporation Name
CANDLESENCE V, INC.

Principal Place of Business
**8320 SW 87TH TERR.
MIAMI FL 33143**

Mailing Address
**8320 SW 87TH TERR.
MIAMI FL 33143-6946**

3. Date Incorporated or Qualified
11/14/1991

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0205725

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

10. Name and Address of New Registered Agent

**TASE, LOUIS J.
8320 SW 87TH TERR.
MIAMI FL 33143**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD TASSE, LOUIS J.**
STREET ADDRESS **8320 S.W. 87TH TERR**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DST TASSE, CAROL E.**
STREET ADDRESS **8320 S.W. 87TH TERR**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV TASSE, GREGORY L.**
STREET ADDRESS **1961 NW 184 TERR**
CITY-ST-ZIP **PEMBROKE PINES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D TASSE, JOHN J.**
STREET ADDRESS **10180 SW 49 MANOR**
CITY-ST-ZIP **COOPER CITY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV MORTIMER, PAMELA**
STREET ADDRESS **8320 SW 87 TERRACE**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **DV MORTIMER, PAMELA**
5.3 STREET ADDRESS **9361 NW 39 COURT**
5.4 CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ DELETE
NAME **DV TASSE, TIMOTHY**
STREET ADDRESS **14075 LANGLEY PL**
CITY-ST-ZIP **DAVIE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Carol E. Tasse* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

305-274-5653

Date

Daytime Phone #

0198421

CR2E034 (9/96)