

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

95 AUG 12 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01090 (2)
1. Corporation Name
CALISA CORP.



Principal Place of Business Mailing Address
69 AZALEA PARK SHOPPING CENTER
SEMORAN BLVD
ORLANDO FL 32807
69 AZALEA PARK SHOPPING CENTER
SEMORAN BLVD
ORLANDO FL 32807

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/17/1991	06/16/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3093676	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	☐
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

CALIGIURI, MIGUEL J.
69 SOUTH SEMORAN BOULEVARD
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name Ruben Sastre
82 Street Address (P.O. Box Number is Not Acceptable) AZALEA PARK SHOPPING CENTER
83 69 S semoran Blvd
84 City Orlando FL 85 Zip Code 32807

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]*

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	CALIGIURI, MIGUEL J.	1.2 NAME	SASTRE, ANA
STREET ADDRESS	69 SOUTH SEMORAN BOULEVARD	1.3 STREET ADDRESS	69 S semoran Blvd.
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Orl FL 32807
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SASTRE, RUBEN	2.2 NAME	
STREET ADDRESS	69 SOUTH SEMORAN BOULEVARD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	32807
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	500001918815
STREET ADDRESS		5.3 STREET ADDRESS	082295 98394 033
CITY - ST - ZIP		5.4 CITY - ST - ZIP	#225.00 #16375
TITLE	☐ DELETE	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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with the address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-96 (407) 281-0824
Date: Daytime Phone:

CR2E034 (3/96)