FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

|--|

DOCUMENT # 1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V15192

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ALL A	III AND TILATING INC.				
Principal Place	of Business	Mailing Address			8 1181 81811 81813 81811 81811 81811 81811 81814 1981
30432 S. FEDERAL HWY. HOMESTEAD FL 33030		27202 SW 164 AVE. HOMESTEAD FL 33031			
US				3. Date Incorporated or Qualified 02/19/1992	3a. Date of Last Report 03/30/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FET Number	Applied For
21		26		65-0334699	Not Applicable
Suite, Apt. #	t, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	The second control of the second seco	City & State		6. Election Campaign Financing	\$5.00 May Be
23	er i reserve e presença de puede de la colo	28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for in Florida Statutes Yes	-
24	25 9. Name and Address of Curre	29 ent Registered Agent	30	10. Name and Address of New Re	
			81 Name	10.	gioto de Argent
DI BEN	EDETTO, RICHARD		00	(n) O (no. N) as a least that Assaultable	
	SW 164 AVE		82 Street Ac	ldress (P.O. Box Number is Not Acceptable	»)
	STEAD FL 33031		83		
			04		
			84 City		FL 85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.050 or agent, or both, in the State of Flo n, and accept the obligations of, Se	02 and 607.1508, Florida Statut rida. Such change was authoriz chon 607.0505, Florida Statutes	es, the above named corp ed by the corporation's br i.	ioration submits this statement for the purp pard of directors. Thereby accept the appoi	ose of changing its registered office intment as registered agent. I am
SIGNATURE /	Lichel Disse	ditt			2/28/16
	agnature, typed or printed han elof registered ag-	otacitilicatajajoatis. (ist ND DIRECTORS	#IE Progressor of Agest a gnature req. 13.	and when romating) ADDITIONS/CHANGES TO OFFIC	DATE F
12.	D	DELETE	1 111111	V.	Change X Addition
NAME	DI BENEDETTO, RICHARD		1.2 NAME	DI BENEDETTO, WANI	- -
STREET ADDRESS	1515 EUCLID AVE		1.3 STREET ADDRESS	27202 S.W. 164TH A	
CITY - ST - ZIP	MIAMI BCH FL		14 CI*Y - S1 - 7IP	HOMESTEAD, FLORIDA	
TITLE		☐ DELETE	2) TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP	THE PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE PROPERT		2.4 CITY - S* - 7/P		
TITLE		☐ DELETE	3 ' 101LE		Change Addit on
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELFTE	34 CHV - ST - ZIP		Change Addition
TITLE NAME		☐ ti((t , (4 1 THILE 42 NAME		Change Addition
STREET ADDRESS CITY - ST - ZIP			4.3 STHEEP ADDRESS 4.4 CITY: ST-7IP		
TITLE	consistent of the contract of	□ DELETE	5 1 TITLE		Change Addition
NAME		J	5.2 NAME		- V. L
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST ZIF			5.4 CITY - ST - 7IP		
THTLE		DELETE	6 1 HILE		Change 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CHTY - ST - 7IP		
certify that oath: that I	the information indicated on this an am an officer or director of the con	nual report or supplemental and poration or the receiver or truste	ual report is true and acci e empowered to execute	y for the exemption stated in Section 119.0 trate and that my signature shall have the s this report as required by Chapter 607, Flo	same legal effect as if made under
appeas in	Block 12 or Block 13 4 changed, o	on an autronnent with an aggi	699	1 .1	

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