

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V19094 (4)

1. Corporation Name

CLASSICO DESSERTS, INC.



Principal Place of Business

405 NW 10TH TERRACE
HALLANDALE FL 33009
US

Mailing Address

405 NW 10TH TERRACE
HALLANDALE FL 33009
US

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

02/22/1995

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

24

25

29

30

4. FEI Number

65-0317066

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

CICCIARELLO, ENNIO
405 NW 10TH TERRACE
HALLANDALE FL 33009

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

Ennio Cicciarello

PRESIDENT

01/24/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PVD

☐ DELETE

NAME

CICCIARELLO, ENNIO
405 NW 10TH TERRACE
HALLANDALE FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1LE

1.2VE

1.3REET ADDRESS

1.4Y - ST - ZIP

2.1LE

2.2VE

2.3REET ADDRESS

2.4Y - ST - ZIP

3.1LE

3.2VE

3.3REET ADDRESS

3.4Y - ST - ZIP

4.1LE

4.2VE

4.3REET ADDRESS

4.4Y - ST - ZIP

5.1LE

5.2VE

5.3REET ADDRESS

5.4Y - ST - ZIP

6.1LE

6.2VE

6.3REET ADDRESS

6.4Y - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

Ennio Cicciarello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

01/24/96 (305) 458-6584

Date

Daytime Phone #

CR2E034 (12/95)