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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8: 38

DOCUMENT # V27067 (0)

1. Corporation Name

CECCARELLI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2533 NW 74TH AVENUE SUITE 502 MIAMI FL 33122 US	7244 SW 72ND STREET SUITE 502 MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0328877 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CECCARELLI SESTO
7244 SW 72ND STREET
SUITE 502
MIAMI FL 33143

10. Name and Address of New Registered Agent
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

TITLE	PD
NAME	CECCARELLI, SESTO
STREET ADDRESS	7244 SW 72ND STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
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 is voluntarily furnished and 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: [signature] 01-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0169100 CP

IMPORTANT — NOTICE TO METROPOLITAN DADE COUNTY PROPERTY OWNERS

To assure prompt delivery of future tax notices, you must record your correct mailing address with the Property Appraiser's Office. All records bear a folio number which appears on your tax bill. List it hereon. Real estate records are indexed by legal description and folio number only — NOT BY NAME: therefore, you must include the legal description in addition to the folio number. Please complete this form and returned to:

DADE COUNTY PROPERTY APPRAISER, 111 N.W. 1 STREET, SUITE 710, MIAMI, FLORIDA 33128-1984

Name (please print or type) Ceccarelli Peterpaul (CECCARELLI SESTO

Address (Mail) 7415 S.W. 56th Ave. Miami FL Zip 33143

INDICATE: ☑ OWNER ☐ LESSEE

LOT _____

BLOCK _____

SUBDIVISION _____ PB _____

IF NOT SUBDIVIDED: SEC. _____ TWP _____ RANGE _____

ADDRESS OF PROPERTY _____

FOLIO NO. _____

PERSONAL PROPERTY (Equipment, Inventory, rental property)

ADDRESS OF PROPERTY _____

FOLIO NO. _____

529/01-174 Rev. 12/85 PRINTED BY METRO DADE GSA MINT W.C.T

(Signature) _____