

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:38

DOCUMENT # V40930 (2)

1. Corporation Name

VERONESE PROPERTIES, INC.

Principal Place of Business

1550 MADRUGA
STE 319
CORAL GABLES FL 33146
US

Mailing Address

1550 MADRUGA
STE 319
CORAL GABLES FL 33146
US

(Do Not Write In This Space)

3. Date Inc. Corporation (or Reinstated) 06/03/1992	3a. Date of Last Report 04/14/1994
4. FIC Number 65-0337784	Agreement First Agreement
5. Certificate of Status (Domestic) ☐ \$8.75 Additional Fee Required	
6. ☐ \$5.00 May Be Added to Fees	
7. Have corporation been subject to an audit pursuant to section 220.04(1)(b) Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

21. **6881 Veronese St.**

2a. Mailing Address

26. **6881 Veronese St.**

3. City & State

22. **Coral Gables**

3a. City & State

27. **Coral Gables Fl**

4. Zip

23. **Florida**

4a. Zip

28. **33146**

5. Country

24. **USA**

5a. Country

29. **USA**

9. Name and Address of Current Registered Agent

**FARRA, MIGUEL G
2699 S BAYSHORE DR
MIAMI FL 33133**

10. Name and Address of New Registered Agent

01. Name	
02. Address	
03. City & State	
04. Zip	
05. Country	

11. I, the undersigned, of the firm of [Name of Firm], hereby certify that the above named corporation submits this statement for the purpose of changing its registered office and registered agent to that in the State of Florida. My change was authorized by the corporation's board of directors, members, and/or the appointment as registered agent. I am hereby withdrawing the appointment of [Name of Agent] as registered agent.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	D ROSSELL ALFONSO	NAME	☒ Change ☐ Add New
STREET ADDRESS	8550 SW 115 ST	STREET ADDRESS	
CITY & STATE	MIAMI FL	CITY & STATE	
NAME	D FERNANDEZ, TELESFORO	NAME	PRESIDENT TELESFORO FERNANDEZ
STREET ADDRESS	2699 S BAYSHORE DR	STREET ADDRESS	6301 VERONESE STREET
CITY & STATE	MIAMI FL	CITY & STATE	CORAL GABLES FL 33146
NAME		NAME	☐ Change ☐ Add New
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	☐ Change ☐ Add New
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NAME		NAME	☐ Change ☐ Add New
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I, the undersigned, certify that the information supplied with this report is complete, correct and true to the best of my knowledge and belief, and that the corporation has been properly organized and is in good standing under the laws of the State of Florida. I am hereby withdrawing the appointment of [Name of Agent] as registered agent.

SIGNATURE:

[Signature]

TELESFORO FERNANDEZ

6/26/95

SIGNATURE AND EXAM ON PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

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Principal Place of Business

1550 MADRUGA
STE 319
CORAL GABLES FL 33146
US

Mailing Address

1550 MADRUGA
STE 319
CORAL GABLES FL 33146
US

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or rechartered 06/03/1992	3a. Date of Last Report 04/14/1994
4. FET Number 65-0337784	Approved For First Appearance
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. ☐	\$5.00 May Be Added to Fees
7. Have corporation fees been paid for the period from January 1, 1994 to the Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

21. 6881 Veronese St.

2a. Mailing Address

26. 6881 Veronese St.

State, Apt. # etc.

22. Coral Gables

State, Apt. # etc.

27. Coral Gables Fl

City, State

23. Florida

City, State

28. Coral Gables Fl

Zip

24. 33146

25. USA

29. 33146

30. USA

9. Name and Address of Current Registered Agent

FARRA, MIGUEL G
2699 S BAYSHORE DR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81. Name

82. Address

83. City, State

84. Zip

FL

85. City, State

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is duly organized under the laws of this State for the purpose of carrying on registered office in this State. I have been authorized by the corporation to sign this report as required by Chapter 190, Florida Statutes, and that my report is true and correct.

12. Name

13. Name

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54. Name

55. Name

SIGNATURE:

Telesforo Fernandez

SIGNATURE OF REGISTERED AGENT OR SECRETARY OF CORPORATION

TELESFORO FERNANDEZ

6/26/95

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CR2E034 (3/95)