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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:26

DOCUMENT # **V48198** (8)

1. Corporation Name
GOODDAY INC.

Principal Place of Business

**THE ALEXANDER, UNIT 701
5225 COLLINS AVE.
MIAMI BEACH FL 33140**

Mailing Address

**THE ALEXANDER, UNIT 701
5225 COLLINS AVE.
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/07/1992** 3a. Date of Last Report **05/17/1994**

4. FEI Number **65-0393744** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 *Zenith Mgmt Corp*

27 *3606 RELO AVE #207*

28 *CORAL GABLES, FL*

29 *33146* **30** *USA*

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND DR.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, Title, or printed name of registered agent and filer as applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

P
BONGIORNO, MIKE
VIA GIOVANNI DA PROCIDA
20149 MILANO, ITALY

ST
BONGIORNO, DANIELA
VIA GIOVANNI DE PROCIDA N.10
20149 MILANO ITALY

ST
BONGIORNO, DANIELA
VIA GIOVANNI DE PROCIDA N.10
20149 MILANO ITALY

ST
BONGIORNO, DANIELA
VIA GIOVANNI DE PROCIDA N.10
20149 MILANO ITALY

ST
BONGIORNO, DANIELA
VIA GIOVANNI DE PROCIDA N.10
20149 MILANO ITALY

ST
BONGIORNO, DANIELA
VIA GIOVANNI DE PROCIDA N.10
20149 MILANO ITALY

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 110.07(3)(g), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95

(245) 661-3246