

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

CORPORATION  
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Secretary of State

Secretary of State

1000 BANKERS BUILDING, SUITE 1000

APPROVED  
AND  
FILED

95 MAY - 1 14 5:27

DOCUMENT # **V64401**

(5)

NON SOLO PASTA, INC.

95 MAY - 1 14 5:27  
STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address  
999 PONCE DE LEON BLVD  
#625  
CORAL GABLES FL 33134

3. Mailing Office  
999 PONCE DE LEON BLVD  
#625  
CORAL GABLES FL 33134

21. State of Florida  
22. State of Florida  
23. State of Florida  
24. State of Florida

25. Mailing Address  
P.O. Box 398124  
State of Florida  
Miami Beach FL  
33139  
Under

3. Date of Incorporation in State  
09/16/1992

3a. Date of Last Report  
04/29/1994

4. Filing Number  
65-0359514

5. Certificate of Status Desired  
☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contributions  
☐ \$5.00 May Be Added to Fees

8. This corporation has liability for corporate taxes under the Florida Statutes  
☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
LOMBARDI, SILVIA TOLEDO  
999 PONCE DE LEON BLVD  
#625  
CORAL GABLES FL 33134

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. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the change was duly made by the corporation's board of directors, and that I accept the appointment as registered agent of said corporation with and accept the filing duties imposed by the Florida Statutes.

12. OFFICERS AND DIRECTORS

NAME  
DP LOMBARDI, SILVIA T  
999 PONCE DE LEON BLVD  
CORAL GABLES FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME  
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14. I, the undersigned, do hereby certify that the information supplied with this filing is completely furnished and does not comply for the corporation stated as lawfully existing under the Florida Statutes. I further certify that the information and actions of the corporation reported on this report are true and accurate and that my signature shall force the corporation to file and make under oath the information and actions of the corporation on the report of the corporation to the Secretary of State and that my name appears in Block 1 of Block 1 of the report.

SIGNATURE:

1000 BANKERS BUILDING, SUITE 1000

30 APRIL 95 (Bus) 892 4451