

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V71258** (0)

1. Corporation Name

RIPPY'S ITALIAN MARKET, INC.

Principal Place of Business

**1 N.E. 167TH STREET
N. MIAMI BEACH FL 33162**

Mailing Address

**1 N.E. 167TH STREET
N. MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/15/1992

3a. Date of Last Report
02/15/1994

4. FEI Number
65-0374364

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**

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **20**

9. Name and Address of Current Registered Agent

~~RIPA, ANGELO~~
~~1 N.E. 167TH STREET~~
~~N. MIAMI BEACH FL 33162~~

10. Name and Address of New Registered Agent

81 Name **PAUL RIPA**
82 Street Address (P.O. Box Number is Not Acceptable)
1 N.E. 167TH ST
83
84 City **N. M. B.** **FL** **85** Zip Code **33162**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Paul Ripa

Signature typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	RIPA, ANGELO
STREET ADDRESS	1 N.E. 167TH STREET
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	P
NAME	RIPA, PAUL
STREET ADDRESS	1 NE 167TH ST
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	ST
NAME	RIPA, MARGARET
STREET ADDRESS	1 NE 167TH STREET
CITY - ST - ZIP	NORTH MIAMI BEACH FL
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	DELETE RIPA, ANGELO
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	DELETE RIPA, MARGARET
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)(k), 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 secretary 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: *Paul Ripa*

SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/18/95

Date

305-657-6761

Telephone Number