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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V72449

(4)

A. FIORE & ASSOCIATES, INC.

| Principal Place of Business Mailing Address | | | | · · · · · · · | | | (\$1814 BRAIL BRAIL BABIL BLAI | |
|---|---|--|--|--------------------------------|--|--|---|------------------|
| 13721 S.W. 137 MIAMI FL 3318 | тн st. | 13721 S.W. | 13721 S.W. 13TH ST. MIAMI FL 33184-2702 | | | | | |
| US | | | | | | 3. Date Incorporated or Qualified 10/20/1992 | 3a. Date of Last F | leport |
| 2. Principal Pa | ace of Business | 2a. Mailing | Address | | | 4. FEI Number | | pplied For |
| 21 | | 26 | | | | 65-0363445 | | ot Applicable |
| Suite, Apt | | 27 | -h-:h | | | 5. Certificate of Status Desired | | |
| City & State | | - · | City & State | | | 6. Election Campaign Financing | | May Be |
| 23 | Country | | 28 | | | Trust Fund Contribution | | |
| Zip | Country 25 | Zip | | Country | f | 8. This corporation has liability for | r intangible tax under s ☑ Yes ☑ No | i. 199.032, |
| 24 | 9. Name and Address of Cur | 29 rent Registered Ag | ent | 30 | " | Florida Statutes 10. Name and Address of New R | | |
| FIOR | RE, ANTONIO | | | 81 | Name | | | |
| | 21 S.W. 13TH ST. | | | 80 | Ohraak Kalal | (D O D | <u></u> | |
| | MI FL 33184-2702 | | 82 Street Ac | | | dress (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | | | |
| | | | | 84 | City | | FL 85 Zip | Code |
| 11. Pursuant t | to the provisions of Sections 607.0 | 0502 and 607.1508. | Florida Statu | ites, the abov | I e-named cori | poration submits this statement for the | nurnose of changing it | ts registered |
| office or re | egistered agent, or both lin the St m familiar with, and accept the ob | ate of Florida. Such | change was | authorized by | v the corpora | tion's board of directors. I hereby acce | pt the appointment as | registered |
| • | in terminal with, and accopt the or | rigations or, Section | 007.0303,1 | IONA SIBIUIS | . | | | |
| SIGNATURE | Signature typed or printed name of registered | l agent and little if applicable | (NO | TE: Registered Ag | ent signature requi | red when reinstating) | DATE | |
| 12. | ************************************** | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTOR | IS IN 12 |
| TITLE | PST | L | DELETE | 1.1 TITLE | | | ☐ Change | Addition |
| NAME | FIORE, ANTONIO | | | 1.2 NAME | | | | |
| STREET ADDRESS | 13721 S.W. 13TH ST. | | | 1.3 STREET | ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL | | DELETE | 1.4 C/TY - 5 | ST-ZIP | | | |
| TITLE | d Fiore, antonio | L | DELETE | 21 TITLE | | | Change | Addition |
| NAME | 13721 S.W. 13TH ST. | | | 22 NAME | | | • | |
| STREET ADDRESS | MIAMI FL | | | 2 3 STREET | | | | |
| CITY - ST - ZIP TITLE | MANNI L | | DELETE | 2 4 CITY- 3.1 TITLE | SI-ZIP | | ☐ Change | Addition |
| NAME | | • | | 3.2 NAME | | · · | | 1.0011011 |
| STREET ADORESS | | | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-7IP | | | | 3 4. CITY - | ST-ZIP | | | |
| TITLE | | | DELETE | 4.1 TITLE | | | ☐ Change | Addition |
| NAME | | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | -1 | 4.4 CITY - 5 | T-ZIP | | | |
| TITLE | | L | DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | 5.3 STREET | | | | |
| CITY-ST-ZIF TITLE | ······································ | | DELETE | 5.4 CITY - 9 | T- ZIP | | T Charac | Addison |
| NAME | | L | _ DULLETE | 6.1 TITLE 6.2 NAME | | | L Change | Addition |
| STREET ADORESS | | | | 6.3 STREET | ADDRECE | | | |
| CITY-ST-ZIF | | | | 6.4 CITY - S | | • | | |
| 14. I do hereb | y certify that the information supp | blied with this filing o | loes not qual | ify for the exe | mption stated | d in Section 119.07(3)(i), Florida Statute | es. I further certify that | the |
| information Lam an of | n indicated on this annual report (| or supplemental ann i or the receiver or tr | ual report is ustee empov | true and acci wered to exec | irate and thai | t my signature shall have the same leg rt as required by Chapter 607, Florida | al effect as if made un | der oath: that l |

ANTONIO FIORE

01-19-97