

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G75060** (5)

1. Corporation Name

**NAPOLI PASTA MANUFACTURERS, INC.**



Principal Place of Business

Mailing Address

~~12271 S.W. 129 CT.  
MIAMI FL 33186  
US~~

**12440 SW  
117 CT  
MIA - FL 33186**

~~12271 S.W. 129 CT  
MIAMI FL 33186  
US~~

2. Principal Place of Business

21 **12440 SW 117 CT**

2a. Mailing Address

26 **12440 SW 117 CT**

Suite, Apt. #, etc.

22 **MIA**

Suite, Apt. #, etc.

27 **MIA**

City & State

23 **FL**

City & State

28 **FL**

Zip

24 **33186**

Country

25 **USA**

Zip

29 **33186**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**BATTISTINI, ROMOLO  
12271 S.W. 129 CT  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **BATTISTINI, ROMOLO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12440 SW 117 CT**

83

84 City

**MIA**

**FL**

85 Zip Code  
**33186**

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 of the corporation or its registered agent and the applicable

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BATTISTINI, ROMOLO**  
STREET ADDRESS **7682 SW 169 ST**  
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **BATTISTINI, BEATRIZ**  
STREET ADDRESS **7682 SW 169TH ST.**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**June 10/96** **25-1785**

Exhibit Page #

CR2E034 (3/96)