FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # 715652 (4)

1. Corporation Name
AMERICANS OF ITALIAN HERITAGE CLUB, INC.

Principal Place of Business	Mailing Address
6040 SW 21ST ST MIRAMAR FL 33023	6040 SW 21ST ST MIRAMAR FL 33023

3. Date Incorporated or Qualified: 12/03/1968

4. FEI Number: ~~59-7533531~~ 59-1757353 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RIZZI, ANTONIO
4322 MADISON STREET
HOLLYWOOD FL 33021

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. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIZZI, ANTONIO		1.2 NAME		
STREET ADDRESS	4322 MADISON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALFANO, DANNY		2.2 NAME		
STREET ADDRESS	413 SW 3RD TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PALMACCI, BRUNO		3.2 NAME		
STREET ADDRESS	1621 LAUDERDALE WEST DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLINTON, RAYMOND		4.2 NAME		
STREET ADDRESS	2011 SW 42ND AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LA		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALFANO, JOANNE		5.2 NAME		
STREET ADDRESS	412 SW THIRD TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	POLLICINO, JESSIE		6.2 NAME	KATHERINE AMARV	
STREET ADDRESS	9125 NW 1ST COURT		6.3 STREET ADDRESS	9193 GREENBRIER CT.	
CITY-ST-ZIP	PEMBROKE PINES FL		6.4 CITY-ST-ZIP	DAVIE, FL. 33328	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Antonio Rizzi REQUIRED ANTONIO RIZZI 1-20-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #