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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715652

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/03/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1757353 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 15815 SW 11 ST.
83: ~~PEMBROK~~
84 City: PEMBROKE PINES FL 85 Zip Code: 33027

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	SAME	
STREET ADDRESS	4322 MADISON STREET		1.3 STREET ADDRESS	15815 SW 11 ST.	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	PEMBROKE PINES, FL, 33027	
TITLE	VD	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	ALFANO, DANNY		2.2 NAME	PATRICK RIZZI	
STREET ADDRESS	413 SW 3RD TERRACE		2.3 STREET ADDRESS	4933 HOLLYWOOD BLVD APT. 105	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	HOLLYWOOD, FL, 33021	
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	SD	☐ Change ☒ Addition
NAME	ALFANO, JOANNE		5.2 NAME	ANTOINETE BAMONO	
STREET ADDRESS	412 SW THIRD TERRACE		5.3 STREET ADDRESS	1551 SW 135 TERRACE APT 304	
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST-ZIP	PEMBROKE PINES, FL, 33027	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AMARU, KATHERINE		6.2 NAME		
STREET ADDRESS	9193 GREEN BRIER CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED RAYMOND CLINTON 2/14/99 (954)587 6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #