SECRETARY OF STATE DIVISION OF CORPORATIONS

98 AUG 21 AM 8: 29

DOCUMENT # A32754 1. Name of Emitted Partnership

VITTORIO HOLDINGS, LTD

				DO NOT WRIT	DO NOT WRITE IN THI S S PACE	
2. Mailing Address 285 NW 199 STREET		3. Principal Office Address 125 OCEAN BLVD.			To Do Business in Florida 3/2//1992	
Spite Apt #, etc # 204		Suite, Apt. #, etc.		5. FEI Number	Applied For	
MTAMI, FL		Cily & COLDEN BEACH, FL		65 - 0321076	Not Applicable	
Zip CO	Country	У Ф 33160	Country	CERTIFICATE OF STATUS DESI	S6.75 Additional Fee required for a Certificate of Status	
33169				7. State or Country of Formation		
8a. Capital Contributions as Shown on Record: 503,468.54		\$437.50, for <u>each</u> year <u>due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each</u> year <u>due</u> this in the second sec			_	
8b. Amount of Capital Contributions in FLORIDA to date				for each year report form is delinquent.		
9. Name and Address of Current Registered Agent				10. If changed new registered agent/office		
KRAMER, ROBERT M.			Name	Name		
KRAMER & ZU	CKERMAN, PA	405 55	Street A	Street Address (P.O. Box Number is Not Acceptable)		
4000 HOLLYWOOD,	NOOD BLVD. SU	ITE 485 SO	Suite, A	Suite, Apt. #, etc		
	12 00011		City	City FI Zip 30		
SIGNATURE (Registered Age	PARTNER THAT IS	A CORPORATION	ON, LIMITE	DATE OF PARTNERSHIP OR OTHER		
11. Namos of Genera	······································	Address of Each C	General Partner	City, State and Zip Code	11a. Registration Document Number	
BECERRA, MA	ARIA	125 OCEAN E	BLVD.	GOLDEN BEACH, FL 33160		
RE				ENSTATEMENT 9000026 -09/02/ ***100	1995 3308495 9801007002 5.25 ***1026.25	
Note: General n	artnare MAV NOT h	a shanged on this	form on on	nendment must be filed to char	an a deporal market	

12. I do heroby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the examption stated in Section 119.07(3)(k). Fiorida Statutes. I rolease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exampt from public access, i further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE_ Maria

Typed or Printed Name of General Partner Signing Form

Becerry General Portrer DATE 8/18/98

OFFI MARIA BECERRA Telephone Number (305) 45 (954) 4335