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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000016411

1. Corporation Name
LA DOLCE VITA CONSORTIUM, INC.

Principal Place of Business 9709 NW 41 STREET #101 MIAMI FL 33178	Mailing Address 9709 NW 41 STREET #101 MIAMI FL 33178
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Box 720057	2a. Mailing Address 26 Box 720057
Suite, Apt. #, etc. 22 Avenue of The AMERICAS	Suite, Apt. #, etc. 27 Ave of The AMERICAS
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33172	Country 25 USA
Zip 29 33172	Country 30 USA

3. Date Incorporated or Qualified 02/20/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0738289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LIBERTI, T.R.
 9709 NW 41 STREET #101
 MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name Alberto Bellissimo
82 Street Address (P.O. Box Number is Not Acceptable) Box 720057
83 Avenue of The AMERICAS
84 City MIAMI
85 Zip Code FL 33172

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: Alberto Bellissimo DATE: 1/20/99

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

12. OFFICERS AND DIRECTORS

TITLE D	NAME LIBERTI, T.R.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 9709 NW 41 STREET #101	CITY-ST-ZIP MIAMI FL 33178	
TITLE D	NAME LIBERTI, S.E.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 9709 NW 41 STREET #101	CITY-ST-ZIP MIAMI FL 33178	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Theodore Roosevelt	
1.3 STREET ADDRESS Box 720057 Ave of AMERICAS	
1.4 CITY-ST-ZIP MIAMI FL 33172	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SONIA E. CARRON	
2.3 STREET ADDRESS Box 720057 Ave of The AMERICAS	
2.4 CITY-ST-ZIP MIAMI FL 33177	
3.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Alberto Bellissimo	
3.3 STREET ADDRESS Box 720057 Avenue of The AMERICAS	
3.4 CITY-ST-ZIP MIAMI FL 33177	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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: Alberto Bellissimo DATE: 01/20/99 DAYTIME PHONE #: 305-591-1087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)