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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000070919 (0)**

1. Corporation Name
BRAVO CUCINE ITALIANE, INC.

Principal Place of Business	Mailing Address
1401 ELIZABETH AVENUE WEST PALM BEACH FL 33401	1401 ELIZABETH AVENUE WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1997

2. Principal Place of Business	2a. Mailing Address
21 777 S. Flagler Drive	26 777 S. Flagler Drive
22 800 West	27 800 West
23 City & State: West Palm Beach, FL	28 City & State: West Palm Beach, FL
24 Zip: 33401 25 Country: U.S.A.	29 Zip: 33401 30 Country: U.S.A.

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

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

KILE, CHARLES
1401 ELIZABETH AVENUE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: James A. Stuber
82 Street Address (P.O. Box Number is Not Acceptable): 777 S. Flagler Dr. #800W
83
84 City: W. Palm Beach FL 85 Zip Code: 33401

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: James A. Stuber 4/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAVACIOCCHI, ENRICO VIA G.B. MARSANO, 1C 16132 GENOVA, ITALY	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P/T Enrico Cavaciocchi VIA G.B. Marsano, 1C 16132 Genova, Italy [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILE, CHARLES 1401 ELIZABETH AVENUE WEST PALM BEACH FL 33401	[X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S JAMES A. STUBER 777 S. FLAGLER DR. #800W W. PALM BEACH, FL 33401 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. Stuber 4/28/98 (561) 820-9438