


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90166 039 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000103057**

1. Corporation Name  
**ITALBRANDS TRADING, INC.**



Principal Place of Business 2750 N.W. 84TH AVENUE MIAMI FL 33122	Mailing Address 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/10/1998</b>	4. FEI Number <b>65-0886818</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent <b>VALDES-FAULI CORPORATE SERVES, INC.</b> <b>2 SOUTH BISCAYNE BLVD.</b> <b>SUITE 3400</b> <b>MIAMI FL 33131</b>				10. Name and Address of New Registered Agent			
81	Name			85	Zip Code		
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City					<b>FL</b>	

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 \_\_\_\_\_ 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DURANTE, MAURIZIO</b>	1.2 NAME	<b>Durante, Maurizio</b>
STREET ADDRESS	<b>2750 N.W. 84TH AVENUE</b>	1.3 STREET ADDRESS	<b>2750 N.W. 84th Avenue</b>
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	1.4 CITY-ST-ZIP	<b>Miami, Florida 33122</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Sosa, Yanira Rodriguez</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2750 N.W. 84th Avenue</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Miami, Florida 33122</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Valdes-Fauli, Raul J.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2 So. Biscayne Boulevard, Suite 3400</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Miami, Florida 33131</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Maurizio Durante Date: 2-14-99 Daytime Phone #: (305) 376-6023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)