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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1997**

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

AMENDED ANNUAL REPORT

DOCUMENT # 641308

1. Corporation Name

IL GIARDINO CORPORATION

Principal Place of Business	Mailing Address
17 WESTWOOD DRIVE MIAMI SPRINGS, FL 33166	

3. Date Incorporated or Qualified: 09/27/97
3a. Date of Last Report: 1997

2. Principal Place of Business	2a. Mailing Address
21 17 WESTWOOD DRIVE	26 17 WESTWOOD DRIVE
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 MIAMI SPRINGS, FL	City & State: 28 MIAMI SPRINGS, FL
Zip: 24 33166 Country: 25 DADE	Zip: 29 33166 Country: 30 DADE

4. FEI Number: 59-1938916 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CYNTHIA AFFRUNTI
17 WESTWOOD DRIVE
MIAMI SPRINGS, FL 33166

10. Name and Address of New Registered Agent

81 Name: ANNE H. MURPHY
82 Street Address (P.O. Box Number is Not Acceptable): 17 WESTWOOD DRIVE
83
84 City: MIAMI SPRINGS **FL** 85 Zip Code: 33166

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: ✓ Anne H. Murphy — ✓ 11-18-97
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	PRESIDENT CYNTHIA AFFRUNTI 17 WESTWOOD DRIVE MIAMI SPRINGS, FL 33166	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT ANNE H. MURPHY 17 WESTWOOD DRIVE MIAMI SPRINGS, FL 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER ANNE H. MURPHY 17 WESTWOOD DRIVE ~~MIAMI SPRINGS, FL 33166~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY/TREASURER JAMES J. MURPHY 17 WESTWOOD DRIVE ~~MIAMI SPRINGS, FL 33166~~	☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	700002353477--2 -11/21/97--01001--009 *****70.00 *****70.00	☐ 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	SL 11-20-97	☐ Change ☐ Addition

14. I do 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: ✓ Anne H. Murphy — ✓ 11-18-97