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PROFIT CORPORATION ANNUAL REPORT 1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90024 037 ***150.00

GALLER	IA MILANI, INC.			
Principal Place	e of Business	Mailing Address		E INBINODI IIO VEKAL IBILI DOKI OBIIK BOTIK OBIIO IBILO KUKU IIBIL BIODE IIDI LADI
4612 S. OCEAN BLVD. HIGHLAND FL 33487 4612 S. OCEAN BLVD. HIGHLAND FL 33487				DO NOT WRITE IN THIS SPACE
	•			3. Date Incorporated or Qualifed
,				11/25/1998
2 Principal P	lace of Business	2a. Mailing Address		4, FEI Number Applied For
21		26		65-0886634 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	and the second s	27		5. Certificate of Status Desired Fee Required
City & Stat	е .	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25		30	Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
140 A	ANI, TIZIANA ANGELA			milani, lucrezia Lucia
	2 S. OCEAN BLVD.		82 Street A	Address (P.O. Box Number is Not Acceptable)
HIGHLAND FL 33487				S. Ocean Blvd.
FIIG	TOURD FE 33407		83	
	•		84 City	land Reach . FL 85 Zip Code 33487
		****	E7(A)	rland Reach, FL 33487
office or r	prietored agent or both in the State	of Florida, Such change was at	utnorized by the corbo	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes	• • • • • • • • • • • • • • • • • • • •
SIGNATURE				cuired when reinstating) DATE
40	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	11TMF	Change ☐ Additi
NAME	D Milani, Tiziana angela		1.2 NAME	milani, Lucrezia, Lucia. 4612 s. Ocean Blud
	4612 S. OCEAN BLVD.		1.3 STREET ADDRESS	4612 S. Ocean Blud
STREET ADDRESS	HIGHLAND FL 33487		1.4 CITY-ST-ZIP	Highland Beach, FL 33487
CITY-ST-ZIP TITLE	AFT	☐ DELETE	2.1 TITLE	Change X Addition
NAME	$\mathcal{R}\!\!\mathcal{L}_{\prime}$			<u> </u>
•	Co		2.3 STREET ADDRESS	milani, Cam 4612 S. Ocean Blvd
STREET ADORESS				Highland Beach, FL 33487
CITY-ST-ZIP TITLE	er me ' f' - i	☐ DELETE	3.1 TITLE	Change Additi
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
			3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Additi
NAME	· ·		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADORESS	
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5,1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS]		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Additi

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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

april 22/99 272-3303

;R2E034 (11/98)