

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90021 041 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000088713 ✓
1. Corporation Name
Gelateria Italiana, Inc.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
14154 SW 93rd Lane
Miami, Florida 33186

Mailing Address
same

3. Date Incorporated or Qualified
10/16/98

2. Principal Place of Business
3421 SW 88th Court
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip Country
33165 Dade

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30

4. FEI Number 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
Bruno Sciacca
14154 SW 93rd Lane
Miami, Florida 33186

10. Name and Address of New Registered Agent
81 Name Bruno Sciacca
82 Street Address (P.O. Box Number is Not Acceptable) 3421 SW 88th Court
83
84 City Miami FL 85 Zip Code 33165

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

12. OFFICERS AND DIRECTORS	
TITLE	President <input type="checkbox"/> DELETE
NAME	Bruno Sciacca
STREET ADDRESS	14154 SW 93rd Lane
CITY-ST-ZIP	Miami, Florida 33186
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruno Sciacca
1.3 STREET ADDRESS	3421 SW 88th Court
1.4 CITY-ST-ZIP	Miami, Florida 33165
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: Bruno Sciacca M.L. (305) 559-1733
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2034 (11/98)