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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 26 1998 8:00am Secretary of State

	MENT # 374880 ELLO AND SONS WHOLES	` ')
Principal Place	of Business	Mailing Address		I ORDIED LITIS INSSI DIONI SHINL FOTSI ANDI MINIT DU	htt Armin ments Midit minte sont
7880 N W 62 ST		7880 N W 62 ST			
MIAMI FL 33166		MIAMI FL 33166		DO NOT WRITE IN THIS	2 SDVCE
				3. Date Incorporated or Qualified	O OFACE
				12/23/1970	
2. Principal Place of Business		28. Mailing Address		4. FEI Number	Applied For
21		26		59-1310489	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		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 or has paid the c	
24	9. Name and Address of Curren	1 Popletored Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
TO		r rediscord Adelir	81 Name	TO. Hallie Bild Addiess Of Hor Hogisters	a vilour
TRUSCELLO, SALVATORE A					
9645 SW 90TH AVE MIAMI FL 33156			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIN	MI FL 33130		83		
					·
			84 City	F	85 Zip Code
agent. I ar	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obliga-	2 and 607.1508, Florida Statu of Florida. Such change was itions of, Section 607.0505, F	ites, the above-named co authorized by the corpor lorida Statutes.	proration submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the submit is a second to the submit in the submit is a second to	of changing its registered opointment as registered
SIGNATURE	Signature: typed or prehed name of mystered age	standalle stapple able (NC	II. Registered Agent signature req	gured when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	D	☐ DELETE.	1,1 TITLE		Change Addition
NAME	TRUSCELLO, ANNE M.		1.2 NAME		
STREET ADDRESS	9645 S.W. 90 AVENUE		1.3 STREET ADDRESS		,
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 THILE		Change Addition
NAME	TRUSCELLO, JEAN		2 2 NAME		
STREET ADDRESS	9155 S.W. 97 TERRACE		2 3 STREET ADDRESS	. ·	
CITY-S1-ZIP	MIAMI FL	Dritt	2. 4 CITY-ST-ZIP		T Observe T Addition
TITLE	PD COLOR CALVATORE	L] DELETE	3.1 TITLE		Change Addition
NAME	TRUSCELLO, SALVATORE		3.2 NAME		
STREET ADDRESS	9645 S.W. 90TH AVE		3.3 STREET ADDRESS		•
CITY-ST-ZIP	MIAMI FL STD	DELITE	3.4. C(1Y-ST-ZIP 4.1 TITLE		Change Addition
TITLE	TRUSCELLO, EDWARD				LI CHANGE LI RUCILION
NAME PROFES ADDRESS	9155 S.W. 97TH TERRACE		4. 2 NAME		
STREET ADDRESS	MIAMI FL		4.3 STREET ADDRESS		
CITY-ST-7IP	MINMITE	DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		☐ btir tt			C Gloride C Vanigal
NAME CTREET ADORESC			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	5 4 CITY- ST-ZIP 61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		l
	•				l
CITY-ST-ZIP	ertify that the information suppliert wi	th this filing does not qualify	6.4 CITY-ST-7/P for the exemption stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated of	on this annual report or supplemental director of the corporation of the rece	Lannual report is true and activer or trusted employeed to	curate and that my signal	ture shall have the same legal effect as if made is guired by Chapter 607, Florida Statutes; and that	inder oath; that I am an