


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **748937** (0)
1. Corporation Name
THE ITALIANS FOUNDATION, INC.



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|---|---|
| Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 1508 MIAMI FL 33131 | Mailing Address 1001 BRICKELL BAY DRIVE SUITE 1508 MIAMI FL 33131 |
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|--|--|
| 3. Date Incorporated or Qualified 09/17/1979 | |
| 4. FEI Number 59-1961896 | Applied For <input type="checkbox"/> Not Applicable |

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

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|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent GALE, JOHN 1001 BRICKELL BAY DRIVE SUITE 1508 MIAMI FL 33131 | |
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| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **3/10/98**

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|----------------------------|---|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PD GALE, JOHN |
| STREET ADDRESS | 1001 RICKELL BAY DRIVE, SUITE 1508 |
| CITY-ST-ZIP | MIAMI FL 33131 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VPD SPINA, JOSEPH |
| STREET ADDRESS | 216 SOUTHEAST 6TH STREET |
| CITY-ST-ZIP | DANIA FL 33004 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VPD MOFFI, JOHN |
| STREET ADDRESS | 1721 BRIARWOOD TERRACE |
| CITY-ST-ZIP | DAVE FL 33325 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VPSD TERRINONI, ARLENE |
| STREET ADDRESS | 6039 COLLINS AVENUE, #1607 |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VPD SETTICASE, JOSEPH |
| STREET ADDRESS | 1620 SOUTH OCEAN BOULEVARD |
| CITY-ST-ZIP | POMPANO BEACH FL 33032 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | SETTICASE, JOSEPH |
| 5.4 CITY-ST-ZIP | SPELLING CORRECTION |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **3/10/98**

CR2E037 (10/97)