FILE NOW: FILING FEE IS \$61.25							FILED		
	COF	ONPROFIT RPORATION JAL REPORT		FLORIDA DEPAR Katherin Secretary	e Harris	STATE	May 07, Secreta	1999 8:0 ry of Sta	0 am § te
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		MENT # 76	8872						
	Center	For Italian Stu	JDIES, INC.						
		e of Business		Mailing Address	.				
319	PURITAN	Rillo Clough RD Each Fl 33405	:	% DR ROSA TRILLO CLOU 319 PURITAN RD WEST PALM BEACH FL 33/					
2. 21	Principal P	lace of Business	2	a. Mailing Address			3. Date Incorporated or Qualifed 05/26/1983		
	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			4. FEI Number 59-2447527	<u>}∔</u>	Applicable
22	City & State	9	27	City & State			5. Certifcate of Status Desired	□ \$8.75 A Fee Rec	dditional
	Zip	Country		Zip	Countr	у	6. Election Campaign Financing	Added to	-
24		25 9. Name and Addres	29 ss of Current Reg		30		Trust Fund Contribution 10. Name and Address of New Rev		Pees
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	-	DR. ROSA TRILLO			82	2 Street	Address (P.O. Box Number is Not Acceptal	ble)	
	319 PURIT	IAN RD M BEACH FL 33405			83	3			
'	NEST FAL				84	City		85 Zip C	ode
			047.0500					FL S	
11.	 Pursuant 				e the abov	io nomod	comporation submits this statement for the r	urnose of changing its	registered
ļ	office or r agent. I a	agistared accept or both	in the State of Flo	617.1508, Florida Statute rida. Such change was au of, Section 617.0503, Flori	thorized DV	/ The cord	corporation submits this statement for the p ration's board of directors. I hereby accept	urpose of changing its i the appointment as reg	registered sistered
	office or r agent. I a GNATURE	egistered agent, or both, m familiar with, and accept Signature, typed or printed name of	in the State of Flo pt the obligations of of registered agent and the	rida. Such change was au of, Section 617.0503, Flori lle if applicable. (NOTE:	thorized by da Statute: Registered Age	/ the corpo s.	rations board or directors. Thereby accept	DATE	
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