

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAR 24 AM 11:49

1. Name of Limited Partnership	1a. DOCUMENT # <b>A96000001528</b>
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**F. PIZZORNI LIMITED PARTNERSHIP**

Mailing Address 444 BRICKELL AVENUE MIAMI FL 33131	Principal Office Address 444 BRICKELL AVENUE MIAMI FL 33131	3. Date Formed or Registered 08/15/1996	5a. Capital Contributions as Shown on record. <b>\$369,823.00</b>
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address 763 COLLINS Ave. Suite, Apt. #, etc. Ste. 304 City & State Miami Beach Zip 33139 DADE FL	2a. Principal Office Address Same Suite, Apt. #, etc. City & State Zip Country	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent <b>WOLFE, RICHARD C</b> <b>20803 BISCAYNE BLVD., SUITE 200</b> <b>AVENTURA FL 33180</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State Zip Code
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ITALCAMBIO INTERNATIONAL COM	444 BRICKELL AVENUE	MIAMI FL 33131	L54913

**Note:** General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE **3/19/97**

Typed or Printed Name of General Partner Signing Form

**FRANC PIZZORNI**

Daytime Telephone Number

**305-534-6088**

CR2E003 (11/96)