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

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Block 12 or Block 13 if changed, or on a

SIGNATURE:

Mar 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F93000003690 (5) RUSCITTI EXPORT ENTERPRISES, INC. Mailing Address Principal Place of Business 1540 GILF BLVD APT 1605 1540 GULF BLVD APT JAOS CLEARWATER FL 34363 CLEARWATER FL 34 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1993 2. Principal f 2a. Mailing Address 4. FEI Number Applied For 65-0416908 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent 81 Name RUSCITTI, NICODEMO 1540 GULF BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **APT 1605 CLEARWATER FL 34650** 83 84 City 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 amiliar with, and accept the obligations of Section 607,0505, Florida Statutes. i code SIGNATURE. Signature by ed or printed name of registered agent a (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 11 TITLE RUSCITTI, ANTONIO D 1.2 NAME NAME 1562 LYMAN CT. 1.3 STREET ADDRESS STREET ADDRESS CONCORD CA 94521 1.4 City-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BENTHALL, MARYLEE R NAME 2.2 NAME 308 PIÓNEER CIRCLE STREET ADDRESS 2.3 STREET ADDRESS WOODSTOCK GA 30188 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-\$1-2IP I hereby certify that the information supplier indicated on this annual report or supplier officer or director of the corporation or the s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information s true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 602, Florida Statutes; and that my name appears in with this filing

FLORIDA DEPARTMENT OF STATE

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