

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1997 8:00am
Secretary of State

DOCUMENT # F96000002323 (1)

1. Corporation Name
COLAVITA PASTA & OLIVE OIL CORP.



Principal Place of Business
2537 BRUNSWICK AVENUE
LINDEN NJ 07036

Mailing Address
2537 BRUNSWICK AVENUE
LINDEN NJ 07036-2433

3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last Report
4. FEI Number 22-2592965	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
PROFACI, VINCENT J
1984 HOWELL BRANCH RD SUITE 206
WINTER PARK FL 32792

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC PROFACI, JOHN J 2537 BRUNSWICK AVENUE LINDEN NJ 07036	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VGC	1.2 NAME	
STREET ADDRESS	PROFACI, JOSEPH R 2537 BRUNSWICK AVENUE LINDEN NJ 07036	1.3 STREET ADDRESS	
CITY - ST - ZIP	VD	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PROFACI, JOHN A 2537 BRUNSWICK AVENUE LINDEN NJ 07036	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VST	2.2 NAME	
STREET ADDRESS	PROFACI, ROBERT J 2537 BRUNSWICK AVENUE LINDEN NJ 07036	2.3 STREET ADDRESS	
CITY - ST - ZIP	VGFO	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MANGINELLI, JOHN 2537 BRUNSWICK AVENUE LINDEN NJ 07036	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	
STREET ADDRESS	ADDEO, RICHARD 380 CHELSEA ROAD STATEN ISLAND NY 10314	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ OFFICER 1/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Daytime Phone: _____

CR2E034 (9/96)