

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000002323 (1)

1. Corporation Name

COLAVITA PASTA & OLIVE OIL CORP.

Principal Place of Business

Mailing Address

2537 BRUNSWICK AVENUE  
LINDEN NJ 07036

2537 BRUNSWICK AVENUE  
LINDEN NJ 07036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

22-2592965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROFACI, VINCENT J  
1984 HOWELL BRANCH RD SUITE 208  
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	PROFACI, JOHN J	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	VGC	<input type="checkbox"/> DELETE
NAME	PROFACI, JOSEPH R	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PROFACI, JOHN A	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	PROFACI, ROBERT J	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	MANGINELLI, JOHN	
STREET ADDRESS	2537 BRUNSWICK AVENUE	
CITY-ST-ZIP	LINDEN NJ 07036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADDEO, RICHARD	
STREET ADDRESS	380 CHELSEA ROAD	
CITY-ST-ZIP	STATEN ISLAND NY 10314	

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	
5.4 CITY-ST-ZIP	
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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Handwritten Signature]* 1/5/98

CR2E034 (10/97)