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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90104 048 \*\*\*150.00

DOCUMENT # F96000002323

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

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

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

PROFACI, VINCENT J  
1964 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

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

TITLE PC  
NAME PROFACI, JOHN J  
STREET ADDRESS 2537 BRUNSWICK AVENUE  
CITY-ST-ZIP LINDEN NJ 07036

TITLE VGC  
NAME PROFACI, JOSEPH R  
STREET ADDRESS 2537 BRUNSWICK AVENUE  
CITY-ST-ZIP LINDEN NJ 07036

TITLE VD  
NAME PROFACI, JOHN A  
STREET ADDRESS 2537 BRUNSWICK AVENUE  
CITY-ST-ZIP LINDEN NJ 07036

TITLE VST  
NAME PROFACI, ROBERT J  
STREET ADDRESS 2537 BRUNSWICK AVENUE  
CITY-ST-ZIP LINDEN NJ 07036

TITLE VCFO  
NAME MANGINELLI, JOHN  
STREET ADDRESS 2537 BRUNSWICK AVENUE  
CITY-ST-ZIP LINDEN NJ 07036

TITLE D  
NAME ADDEO, RICHARD  
STREET ADDRESS 380 CHELSEA ROAD  
CITY-ST-ZIP STATEN ISLAND NY 10314

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)