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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90114 021 ***150.00

DOCUMENT # G75060 1. Corporation Name NAPOLI PASTA MANUFACTURERS, INC.							
Principal Place of Business Mailing Address					I 1880/FIL 0011 50001 611/1 00110 011/4 001/ 018/1 0		1841 BIBIT 1981
12440 SW 117 CT 12440 SW 117 CT					1		
MIAMI FL 33186 MIAMI FL 33186					-		
US US					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					11/30/1983		
2. Principal Place of Business 2a. Mailing Addres					4. FEI Number	<u> </u>	oplied For
21		26		59-2375753		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired -	\$8.75	Additional equired
22 27							
City & State		City & State		6. Election Campaign Financing		May Be	
23	28]				Trust Fund Contribution		to Fees
Zip	Country Zip		Country	1	8. This corporation owes the current year In	itangible □Yes	□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registered		CINO
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agont	
RATT	istini, romolo		"	Name			
12440 SW 117 CT			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33186			0.2				
INUTAN	II 1 E 33 100		83				,
			84	City	Fl	85 Zip	Code
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: F	da Statutes	š.	ation's board of directors. I hereby accept the appo		
12.		ND DIRECTORS	13.		. ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	Addition
TITLE	P	☐ DELETE	1.1 TITLE		•	Citaligo	LI Addition
NAME	BATTISTINI, ROMOLO		1.2 NAME				
STREET ADDRESS	7682 SW 169 ST		1.3 STREE	TADDRESS	·	·	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-5	T-ZIP			Addition
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	BATTISTINI, BEATRIZ						i
STREET ADDRESS	302 377 133117 31.		2.3 STREE	TADDRESS		~ .	
CITY-ST-ZIP	MIAMI FL			ST-ZIP			T Addition
TITLE		☐ DELETÉ	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS		3.3 \$		TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE ·		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			——————————————————————————————————————
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME		,	5.2 NAME		·		
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE 6.1				Change	☐ Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CFTY-	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 of 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 changes or on a attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te

Daytime Phone #