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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

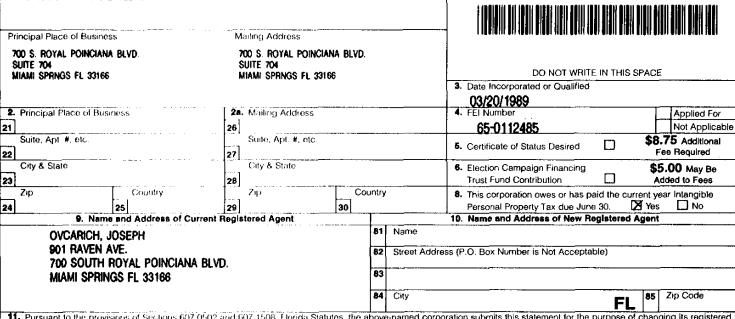
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K74107

(9)

SAVINO DEL BENE, INC.

FILED Feb 11 1998 8:00am Secretary of State



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or protect name of researce established and title it applicable.	(NOTE R	igistered Agent signature	required when reinstating) DATE]
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST □ 1	DELETE	1.1 TITLE	Change Addi	ition
NAME	OCCASO, FILIPPO		1.2 NAME		
STREET ADDRESS	700 S. ROYAL POINCIANA		1.3 STREET ADDRESS		İ
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY - ST - ZIP		
TITLE	P □ t	DETEAE	2 1 TITLE	Change Addi	ition
NAME	OVCARICH, JOSEPH		22 NAME		- 1
STREET ADDRESS	901 RAVEN AVE.		23 STREET ADDRESS	•	-
CITY-SY-ZIP	MIAMI SPRINGS FL		2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addi	ilion
NAME			3 2 NAME		ŀ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 THILE	☐ Change ☐ Addi	ition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addi	ition
NAME			5.2 NAME		l
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addi	ition
NAME			6.2 NAME	·	- 1
STREET ADDRESS			6.3 STREET ADDRESS		- 1
CITY-ST-ZIP			6.4 CITY - ST - ZIP	od in Coation 110 07(2)(i) Florida Statutas I further partifu that the informati	

14. Thereby 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 supplicational 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 this appoint on or the receiver or truestee 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:

Wreeri C

Joseph Ovcarich

1-6-98

(305) 884-3585

FR34 (10/97)