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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

PORP OLEVELAND ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L75095

1. Corporation Name

(4)

Mailing Address

2022 CLEVELAND ST

FORTELLINI TRADING, INC.

FILED Jan 16 1997 8:00am Secretary of State

- F 10 DASON DIN 1000 F BFRIT	POLITO 10301 DILL BLEIL STRIL	B/E/A BABAK BABAK BABAK BA

-16-	-1	-H9-					
				3. Date Incorporated or Qualified 05/22/1990		a. Date of Last Report 02/21/1996	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
	6-I NW S.River DR.		V 5.R	iver DR.	65-0194736		Not Applicable
Suite Apt.	# etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	1 1	.75 Additional Fee Required
City & State	e dey Fl. Country	City & State 28 / Pe J/e	4 F	:/	Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zιρ	Country	700	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has hability for it		
24 33/	166 25 USA	29 33166 3	0 US	A		Yes 🗌 No	
	Name and Address of Current I	Registered Agent			10. Name and Address of New Re	platered Agent	
	rte, edelaine L.		81	Name			
	2-CLEVELAND-ST.		82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)	****
	T-XMOOD LF 93050-						
8	346-1 NW S. RIV	er Dr.	83				
/	Nedley F1 33166		84	City		85	Zip Code
_	, , , , , , , , , , , , , , , , , , , ,			J,		FL °°	
SIGNATURE	im famir ar with, and accept the obligate			enr signature require	d when reinstaling)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TOTLE	P	☐ DELETE	1.1 TITLE			□ C	hange Additio
NAME	FORTE, EDELAINE L.		1.2 NAME				
STREET ADDRESS	2922 CLEVELAND ST.		13 STREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020		14 CITY - S	ST-ZIP			
TITLE	ST TELLING AND INCOME.	L DELETE	2 1 TITLE			LL CI	hange LAdditio
NAME	TELLINI, MAURICIO 2922 CLEVELAND ST.		22 NAME	}			
STREET ADDRESS	HOLLYWOOD FL 33020		23 STREET				
CITY-S1-ZIP TITLE	1101211100012	DELETE	2 4 CITY -: 3 1 THTLE	ST-ZIP		C	hange Addition
NAMÉ		Шопп	32 NAME				renge reduce
STREET ADDRESS			33 STREET	ADDRESS			
CITY - ST - ZIP			3.4. CiTY-1				
TIFLE		☐ DELETE	4 1 TATLE			C	hange Addition
HAME	 		4 2 NAME				
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY - S1 - ZIP			4.4 CiTY - S	i ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	5.1 TITLE			□ c	hange 🔲 Additio
NAME			5.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-SI-7IP		DELETE	5.4 CITY - S	ST-ZIP			hange Addition
TITLE		TTI DELETE	6.1 TITLE			L. C	nange LJ ADGKII
NAME SERVICE ADODUCES			6.2 NAME	+ opered			
STREET ADDRESS			6.3 STREET	l l			
CITY-ST-7P			6.4 CITY - S	51 · 71P			·T#17-211

14. I do hereby certily that the information supplied with this filling 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 supplicmental 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 corpy align or the preceiver 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 only an attachment with an address

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97 (305) 884-2686 Daylor & Proce #