

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Morgan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L89469** (5)

1. Corporation Name
ITAL FLORIDA FOODS, INC.



Principal Place of Business

2801 NW 125TH ST
MIAMI FL 33167
US

Mailing Address

2801 NW 125TH ST
MIAMI FL 33167
US

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

DIQUARDI, MARCO
2801 NW 125TH ST
STE 175
MIAMI FL 33167

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	FL
	Zip Code	33167

3. Date Incorporated or Qualified	07/27/1990	3a. Date of Last Report	06/05/1995
4. FEI Number	65-0367456	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

11. Pursuant to the provisions of Sections 607.0902 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. I am familiar with, and accept the obligations of, Section 607.0902, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																								
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14. I do hereby certify that the information supplied by the registrant is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information published on this report is true and correct, or supplemental information reported 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, the registrant or business registered to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or addition is being made.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele Sportiello 04/24/96

CR2E034 (12/95)