FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L89469** **(5)**

1. Corporation Name
ITAL FLORIDA FOODS, INC.

Principal Place of Business	Mailing Address
2801 NW 125TH ST **MIAMI FL 33167** **US**	**2801 NW 125TH ST** **MIAMI FL 33167-2514** **US**

3. Date Incorporated or Qualified: **07/27/1990**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0367456** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIOGUARDI, MARCO
2801 NW 125TH ST
~~**STE 175**~~
MIAMI FL 33167

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**VP**	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**GARCIA, RAMIRO**		1.2 NAME		
STREET ADDRESS	**10775 SW 88 CT**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		1.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**DIOGUARDI, LUCIO**		2.2 NAME		
STREET ADDRESS	**AV LA MESETA RES LA**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**CARACAS VENEZUELA**		2.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	3.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	**DIOGUARDI, CLAUDIO**		3.2 NAME		
STREET ADDRESS	**CALLE T RES. SAINT MORIT**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**CARACAS VENEZUELA**		3.4 CITY-ST-ZIP		
TITLE	**TD**	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	**SEMIDEY, LUIS E.**		4.2 NAME		
STREET ADDRESS	**CALLE A-3 QTA FANFATALIT**		4.3 STREET ADDRESS		
CITY-ST-ZIP	**CARACAS VENEZUELA**		4.4 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	**PALAZZESE, GIOVANNI**		5.2 NAME		
STREET ADDRESS	**AV LOS SAMANES RES**		5.3 STREET ADDRESS		
CITY-ST-ZIP	**CARACAS VENEZUELA**		5.4 CITY-ST-ZIP		
TITLE	**SD**	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	**SPORTIELLO, MICHELE**		6.2 NAME		
STREET ADDRESS	**AV MANAURE SECTOR J**		6.3 STREET ADDRESS		
CITY-ST-ZIP	**CARACAS VENEZUELA**		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Marco Dioguardi 3/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING REPORT — Date — Daytime Phone #

0229656