

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
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90027 013 ***300.00

DOCUMENT # L89469

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME DIOGUARDI, LUCIO
STREET ADDRESS AV LA MESETA RES LA
CITY-ST-ZIP CARACAS VENEZUELA

TITLE VP ☐ DELETE

NAME DIOGUARDI, CLAUDIO
STREET ADDRESS CALLE T RES. SAINT MORIT
CITY-ST-ZIP CARACAS VENEZUELA

TITLE TD ☐ DELETE

NAME SEMIDEY, LUIS E.
STREET ADDRESS CALLE A-3 QTA FANFATALIT
CITY-ST-ZIP CARACAS VENEZUELA

TITLE D ☐ DELETE

NAME PALAZZESE, GIOVANNI
STREET ADDRESS AV LOS SAMANES RES
CITY-ST-ZIP CARACAS VENEZUELA

TITLE SD ☐ DELETE

NAME SPORTIELLO, MICHELE
STREET ADDRESS AV MANAURE SECTOR J
CITY-ST-ZIP CARACAS VENEZUELA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCO DIOGUARDI
PLANT MANAGER

2/4/99

305-769-0799

Date

Daytime Phone #

CR2E034 (1/98)

0274035