2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State **DOCUMENT #** L89469 1. Entity Name ITAL FLORIDA FOODS, INC. 04-22-2002 90151 048 ***150.00 Principal Place of Business Mailing Address 2801 NW 125TH ST 2801 NW 125TH ST **MIAMI FL 33167 MIAMI FL 33167** US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0367456 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIOGUARDI, MARCO Street Address (P.O. Box Number is Not Acceptable) 2801 NW 125TH ST **STE 175** MIAMI FL 33167 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME DIOGUARDI, LUCIO NAME STREET ADDRESS AV LA MESETA RES LA STREET ADDRESS CITY-ST-ZIP CARACAS VENEZUELA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DIOGUARDI, CLAUDIO NAME STREET ADDRESS CALLE T RES. SAINT MORIT STREET ADDRESS CITY-ST-7IP CARACAS VENEZUELA CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change ☐ Addition NAME" SEMIDEY, LUIS E. NAME STREET ADDRESS CALLE A-3 QTA FANFATALIT STREET ADDRESS CITY-ST-7IP CARACAS VENEZUELA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PALAZZESE, GIOVANNI NAME STREET ADDRESS AV LOS SAMANES RES STREET ADDRESS CITY-ST-7IP CARACAS VENEZUELA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SPORTIELLO, MICHELE AV MANAURE SECTOR J STREET ADDRESS STREET ADDRESS CITY-ST-7IF CARACAS VENEZUELA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this till qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is people as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered

MARCO DIOGUARDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an addre

SIGNATURE: