


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000001153	
ITALIAN FOOD CLUB, L.C. 1126 SOUTH FEDERAL HIGHWAY, STE. 449 FORT LAUDERDALE FL 33316		1a. Principal Place of Business Address 1126 SOUTH FEDERAL HIGHWAY, FORT LAUDERDALE FL 33316	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/10/1997	FL
City & State	City & State	4. FEI Number 65-0795690	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired SB 73 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
SCARPELLI, CLAUDIO 1581 S.W. 23RD COURT FORT LAUDERDALE FL 33315		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCARPELLI, CLAUDIO	1581 S.W. 23RD COURT	FORT LAUDERDALE FL
MGRM	CARRAI, CARLO	VIA SPARTACO LAVGNINI, 40	BAGNO A RIPOLI, FIREN
MGRM	CELANO, ETTORE	2161 S.W. 42ND STREET	FORT LAUDERDALE FL
200002526012--4 -05/15/98--01101--026 ****188.75 ****188.75 CSA			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <u>Claudio Scarpelli</u> CLAUDIO SCARPELLI 4-27-98 954-792-4535 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			