FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M47672** **(4)**

1. Corporation Name
ITALIAN GOLD MANUFACTURING CORPORATION

Principal Place of Business	Mailing Address
~~1-NE 1ST ST~~ 779 W Flagler ST ~~METRO MALL BLDG. STORE #8~~ MIAMI FL 33130	~~1-NE 1ST ST~~ 779 W FLAGLER ST ~~METRO MALL BLDG. STORE #8~~ MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1987
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 779 W FLAGLER ST	26 (Same)
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28
Zip 24 33130	Country 25 U.S.A.
Zip 29	Country 30

4. FEI Number: 59-2818808 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARDURA, JORGE I. ESQ. 1300 CORAL WAY SUITE #301 MIAMI FL 33145	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transacting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change ☐ Addition
NAME	TROIA, ~~GIUSEPPE~~ ORIELLI	12 NAME	TROIA ORIELLI
STREET ADDRESS	C/O 1300 CORAL WAY #301	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	VTD ☐ Change ☐ Addition
NAME	TROIA, ~~ORIELLI BARBARA~~ ANGIELLE	22 NAME	TROIA ANGIELLE
STREET ADDRESS	C/O 1300 CORAL WAY #301	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	~~SD~~ TD	31 TITLE	TD ☐ Change ☐ Addition
NAME	TROIA, ~~MIGROS ANDRES~~ ALESSIO	32 NAME	TROIA ALESSIO
STREET ADDRESS	C/O 1300 CORAL WAY #301	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	SD ☐ Change ☐ Addition
NAME	TROIA, MIGROS	42 NAME	TROIA MIGROS
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Orielle Troia 4/10/95 (305) 325-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133365 CP