

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT,
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M47672** (4)

1. Corporation Name

ITALIAN GOLD MANUFACTURING CORPORATION



I. G. M.
Principal Place of Business **779 W. Flagler St.** Mailing Address **779 W. Flagler St.**
MIAMI, FL 33130 ~~NE 1ST ST~~ **MIAMI, FL 33130**
779 WEST FLAGLER STREET ~~METRO MALL BLDG. STORE #8~~
MIAMI FL 33130 ~~MIAMI FL 33132~~
US ~~Italian Gold Mfg. Corp.~~
~~779 W. FLAGLER ST~~
~~MIAMI FL 33130~~

2. Principal Place of Business
21 Suite, Apt. #, etc. **I. G. M.**
779 W. Flagler St.
22 City & State **MIAMI, FL 33130**
23 Zip **33130** Country **US**
24 25 26 27 28 29 30 **33130 US**

3. Date Incorporated or Qualified **03/04/1987** 3a. Date of Last Report **04/18/1995**
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 s. 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. ESO.
1300 CORAL WAY
SUITE #301
MIAMI FL 33145

81 Name **ORIELLI TROIA**
82 Street Address (P.O. Box Number is Not Acceptable) **779 W - FLAGLER ST**
83
84 City **MIAMI** FL 85 Zip Code **33130**

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Agent for Change of Registered Office and Registered Agent

Signature of New Agent (Signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ORIELLI, TROIA	C/O 1300 CORAL WAY #301	MIAMI FL	☐
VTD	ANGIELLE, TROIA	C/O 1300 CORAL WAY #301	MIAMI FL	☐
TD	ALESSIO, TROIA	C/O 1300 CORAL WAY #301	MIAMI FL	☐
				☐
				☐
				☐

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐	☐

S D
MIGROS TROIA
5233 ALTON RD
MIAMI BEACH FL 33140

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-08/22/96--01015--045
*****225.00**

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 19.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Augusto 6/96 (305) 325-9300
05/08/22/96

CR2E034 (12/95)