

FILED

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

May 28 1997 8:00am
Secretary of State

DOCUMENT # **M47672** (4)
1. Corporate Name
ITALIAN GOLD MANUFACTURING CORPORATION



Principal Place of Business
778 WEST FLAGLER STREET
MIAMI FL 33130
US

Mailing Address
779 WEST FLAGLER STREET
MIAMI FL 33130-1219
US

3. Date Incorporated or Qualified
03/04/1987

3a. Date of Last Report
08/22/1996

2. Principal Place of Business		2a. Mailing Address	
21	779 WEST FLAGLER ST	26	779 W Flagler St
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	MIAMI FL	28	Miami FL
Zip		Zip	
24	33130	29	33130
Country		Country	
25	US	30	USA

4. FEI Number 59-2818808		Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TROIA, ORIELLI
779 WEST FLAGLER STREET
MIAMI FL 33130

61	Name	ALESSIO TROIA		
62	Street Address (P.O. Box Number is Not Acceptable)	5233 ALTON RD		
63				
64	City	MIAMI BCH.	FL	65 Zip Code 33140

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 Alessandra Viola 23 MAY 1997
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROIA, ORIELLI	1.2 NAME	
STREET ADDRESS	C/O 1300 CORAL WAY #301	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROIA, ANGIELLE	2.2 NAME	
STREET ADDRESS	C/O 1300 CORAL WAY #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROIA, MIGROS	3.2 NAME	
STREET ADDRESS	5233 ALTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33140	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Orlinda Troia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 (305)325-8858

CR2E034 (9/96)