

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N95000001804 (2)**

1. Corporation Name

**CULTURA ITALIANA, INC.**



Principal Place of Business

Mailing Address

**2600 SW 3RD AVE  
SUITE 770  
MIAMI FL 33129**

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SUITE 770  
MIAMI FL 33129**

3. Date Incorporated or Qualified

**04/17/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **800 DUGLAS RD**

26 **800 DUGLAS RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **115**

27 **115**

City & State

City & State

23 **Miami**

28 **Miami FL**

Zip Country

Zip Country

24 **FL 33134**

25

29 **33134**

30

4. FEI Number

**65-0577196**

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

**GRANTUR, ERIC B  
325 MERIDIAN AVE #6  
MIAMI BEACH FL 33139**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARIA G. PADOVAN</b>	
STREET ADDRESS	<b>800 DUGLAS RD. # 115</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	<b>DIRECTOR</b>
TITLE	<b>TREASUR</b>	<input type="checkbox"/> DELETE
NAME	<b>VALERIA CAMPBELL</b>	
STREET ADDRESS	<b>800 DUGLAS RD. # 115</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	<b>DIRECTOR</b>
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>ALESSANDRA PRANDO</b>	
STREET ADDRESS	<b>800 DUGLAS RD. # 115</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARIA ROSA LOPEZ HUBER</b>	
STREET ADDRESS	<b>800 DUGLAS RD. # 115</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>Jean Dolan</b>	
STREET ADDRESS	<b>800 DUGLAS RD. # 115</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>GIOVANNA GIBERTI</b>	
STREET ADDRESS	<b>800 DUGLAS RD. # 115</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	

1.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LUCIANA GALIANI</b>	
1.3 STREET ADDRESS	<b>800 DUGLAS RD #115</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33134</b>	<b>DIRECTOR</b>
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>900000185001</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-06/04/96 - 01106--004</b>	
5.3 STREET ADDRESS	<b>***\$61.25</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**MARIA G. PADOVAN 4/24/96**

**305-375-0315**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)