


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001804 (2)

1. Corporation Name

CULTURA ITALIANA, INC.



Principal Place of Business	Mailing Address
800 DUGLAS RD 115 MIAMI FL 33134	800 DUGLAS RD 115 MIAMI FL 33134-3186

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/17/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0577196	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
GRANITUR, ERIC B 325 MERIDIAN AVE #6 MIAMI BEACH FL 33139	

10. Name and Address of New Registered Agent	
81 Name Valeria Campello	85 Zip 33134
82 Street Address (P.O. Box Number is Not Acceptable) 800 Douglas Road	
83 #115	
84 City Miami, FL	

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 Valeria Campello Valeria Campello 5/14/97  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADOVAN, MARIA G	1.2 NAME	
STREET ADDRESS	800 DUGLAS RD. #115	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPELO, VALERIA	2.2 NAME	CAMPELO, VALERIA
STREET ADDRESS	800 DUGLAS RD. #115	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIANI, LULIANA	3.2 NAME	SALIANI, LUCIANA
STREET ADDRESS	800 DUGLAS RD. #115	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRADO, ALESSANDRA	4.2 NAME	
STREET ADDRESS	800 DUGLAS RD. #115	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOA, MARIA R	5.2 NAME	MUNOZ, MARIA R.
STREET ADDRESS	800 DUGLAS RD. #115	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, JEAN	6.2 NAME	
STREET ADDRESS	800 DUGLAS RD. #115	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Valeria Campello 5/14/97

CR2E037 (9/96)