## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600005667 (8)

## ITALIA ITALIA FOUNDATION, INC.

HALIA	IIALIA FO	OUNDATIC	JIV, IIVO									
Principal Place of Business				Mailing Address						- I HOOLITEL BUR IRAIN DIIRIK BOTH BRITIN DRAIK DOTAH DOTAH BAINR BIKIN DIIRIK HEDI IBRI		
407 LINCOLN ROAD SUITE 10F MIAMI BEACH FL 33139				407 LINCOLN ROAD SUITE 10F MIAMI BEACH FL 33139-3016						Date Incorporated or Qualified		
										11/01/1996		
2. Principal Pl	lace of Busin	ness		2a. Mailing Address						4. FEI Number		
Suite, Apt. 4	#. etc.			Suite, Apt. #, etc.						SR 75 Additional		
22				27						5. Certificate of Status Desired Fee Required		
City & State	e			City & State						6. Election Campaign Financing \$5.00 May Be		
23				Zip Country			<del></del> -		Trust Fund Contribution Added to Fees			
Zip <b>24</b>		Country 25	29		Zip Cou		South y			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name	<u> </u>	s of Current F		ered Agent					10. Name and Address of New Registered Agent		
							81	Name				
	ro, giulio						62	Street	Addre	iss (P.O. Box Number is Not Acceptable)		
	COLN ROAI	D		ļ.,			83	<u> </u>				
	SUITE 10F MIAMI BEACH FL 33139						Ш					
MIMMI DE	MIAMI BEACH FL 33139						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		ol registered agent a FIÇERS AND D			TE Registere		ent signature	required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	CD	Ur	FILERS AND L	JINEU	DELETE	13.		· · · · · · · · · · · · · · · · · · ·	Τ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME		RO, GIULIO	R				AME			<u> </u>		
STREET ADDRESS 407 LINCOLN ROAD SUITE 1					1.3 5			ADDRESS				
CITY-ST-7IP	MIAMI B	BEACH FL 3						ST• ZIP	<u> </u>			
TITLE	VCD				DELETE	2.1 Ti				Change Addition		
NAME		PAMELA W	S CUITE 4AF	<b>4</b>			2.2 NAME					
STREET ADDRESS 407 LINCOLN ROAD SUITE 1					1	2.3 STREET ADDRESS 2. 4 City-St-Zip						
CITY-ST-ZIP TITLE	r-ZIP MIAMI BEACH FL 33139 STD				DELETE	2. 4 C		ST-Z#	<del> </del>	Change Addition		
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CITY-ST-ZIP TITLE	<del> </del>				DELETE	44 C		ST-ZIP	┼	Change Addition		
NAME						5.2 N						
STREET ADDRESS						1		T ADDRESS				
CITY-ST-ZIP	1							ST-ZIP	}			
TITLE					DELETE	6.1 T		-		☐ Change ☐ Addition		
NAME						6.2 N	IAME					
STREET ADDRESS	Ì					6.3 \$	TREET	T ADDRESS	1			
CITY-ST-ZIP	L	<del></del>				6.40	HTY-S	ST-ZIP	<u> </u>	The state of the s		
information I am an of appears in	by certify that on indicated officer or dire in Block 12 (	at the iptory e on this annu- ctor of the cr or Block 13 i	tion supplied v y report of sup reportation or the changes, for o	with this oplemei ie recei in an at	s filing does not qual ntal annual report is iver or trustee empor ttachment with an ac	lify for the true and wered to d ddress.	exec accu	imption s urate and oute this r	tateo dithat r report	in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; that as required by Chapter 617, Florida Statutes; and that my name		

CICALATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

305-5324986

**FILED** 

Jan 23 1997 8:00am

Secretary of State

Daytime Phone II po27383