FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 16 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200001359 (8)

GIORGIO ITALIAN PREMIUM ICE CREAM, INC.

Principal Place of Business Mailing Address						1114 1040 4 11 404 411 01 0 114 1041 1041
1631 SE 3RD CT		1631 SE 3RD CT		·		
DEERFIELD BEACH FL 33431		APT 203 Deerfield BCH FL 33441		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
		US	7441		3. Date Incorporated or Qualified	
<u> </u>					10/30/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		26			65-0365776	Not Applicable
22 SUITE, APT.	₩, Θ [C.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	38.75 Additional Fee Required
City & Stat			City & State		6. Election Campaign Financing	\$5:00 May Be
23		28	28		Trust Fund Contribution	
Zip Country		Zip	Zip Country		8. This corporation owes or has paid th	/
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		<u> </u>	10. Name and Address of New Regist	ered Agent
BR		8	1 Name			
	31 SE 3RD CT		8:	2 Street A	ddress (P.O. Box Number is Not Acceptable)	· <u></u>
) DE	ERPIELD BEACH FL 33431		8:	3		
]						
			84	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the abo	ve-named c	orporation submits this statement for the purporation's board of directors. I hereby accept the	<u> </u>
office or r	registered agent, or both, in the Sta im familiar with, and accept the obt	ite of Florida. Such change wa ligations of, Section 607,0505.	s authorized b Florida Statute	by the corpo	pration's board of directors. I hereby accept th	e appointment as registered
SIGNATURE		3 ,				
<u></u>	Signature, typed or printed name of registered a			gent signature re	•	DATE
12.		AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
TITLE NAME	PD Rosa, Jose Carlos Ca	☐ DETCIE	1.1 TITLE			Fil mands Fil youldon
STREET ADDRESS	1		1.2 NAME	ET ADDRESS		
CITY+ST-ZIP	THE LAUDEDDALE CO		1.4 CITY-			
TITLE	VD	DELETE	2.1 TITLE			Change Addition
NAME	ROSA, ELDA DA CONGEI		2.2 NAME	:		
STREET ADDRESS	841 NE 6T1ST ST		2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY	-ST-ZIP		
TITLE	8	☐ DELETE	3.1 TITLE			Change Addition
NAME	ROSA, NUNO MEDES BAT		3.2 NAME			
STREET ADDRESS	841 NE 61ST ST			T ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	DELETE	3.4. CITY- 4.1 FITLE			Change Addition
NAME		C. Decem	4. 2 NAME	1		C Charge C Moditori
STREET ADDRESS			H	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	:]		
STREET ADDRESS			6.3 STREE	ET ADDRESS		
CITY-ST-ZIP			5.4 CfTY -	ST-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME		,	6.2 NAME			
STREET ADDRESS	/ /	\	6.3 STREE	ET ADDRESS	4	

64CITY-ST-ZIP

14. Thereby 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 gorporation 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 shanged, or on an attachment with an address.