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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

CITY-ST-ZIP

14. I do hereby certify that the information indicated on this annual I am an officer or director of the coappears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

305

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300002260 (6)

## MIAMI MILANO CORPORATION

Principal Place of Business Mailing Address				<del></del>		### B### B###
2601 S. BAYSHORE DR. SUITE 1425 MIAMI FL 33133		2601 S. BAYSHORE DR. SUITE 1425 MIAMI FL 33133-5413				
MINMI FE 3315	~	MINMI I C 00100-0410			3. Date Incorporated or Qualified 01/11/1993	3a. Date of Last Report 10/18/1996
2. Principal P	lace of Business	2a, Mailing Address		<del></del>	4. FEI Number	Applied For
21		26		65-0380643	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
<del> </del>		City & State	City & State			Fee Required
23		28		6. Election Campaign Financing	\$5.00 May Be ☐ Added to Fees	
Zip	Country	Zip	Country		Trust Fund Contribution  8. This corporation has liability fo	
24	25	29	30			Yes No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered Agent
	EMAN, ROBERT A		81	Name		
	te 1425 2601 S. Bayshore Dr. Mifl 33133		82	Street Add	lress (P.O. Box Number is Not Accepta	able)
MILE	mi re oo too		83			
			84	City		
				,		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above- office or registered agent, or both, in the State of Florida. Such change was authorized by the state of Florida.</li> </ol>					poration submits this statement for the	purpose of changing its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statutes	6.	adort's board of directors. Thereby acci	ept trie appointment as registered
SIGNATURE	Classica					
Signature, typed or printed name of registered agent and title if applicable (NOTE  12. OFFICERS AND DIRECTORS			13.	nt signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE
TITLE	D DELETE		1.1 TITLE	T	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	FREEMAN, ROBERT A		1.2 NAME			
STREET ADDRESS 2601 S. BAYSHORE DR. #1425		•	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133		1.4 CHY-S	1 - 719		
TITLE	PD	☐ DELETE	2.1 TITLE			Change Addition
NAME	GAMBETTI, ROBERTO		22 NAME			
STREET ADDRESS 2601 S. BAYSHORE DR.		•	2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133		2 4 CITY-S	S1 - 7IP		
TITLE	VDAS GOLDSTEIN, LEROY	☐ DELETE	3 1 TITLE			Change Addition
NAME CTOTET ADODESS	2601 S. BAYSHORE DR.		3.2 NAME			
STREET ADORESS	MIAMI FL 33133		3.3 STREET			
CITY-ST-ZIP TITLE	TD	DELETE	3.4. CITY-S 4.1 Trile	ST-ZIP		Change Addition
NAME	GUARNIERI, ROSARIO					Change Addition
STREET ADDRESS 2601 S. BAYSHORE DR.			4. 2 NAME	I DODGGG		
CITY-ST-ZIP MIAMI FL 33133			4.3 \$1REET			
TITLE	AR		4.4 CITY - S 5.1 THILE	(-Zir		☐ Change ☐ Addition
NAME	FEDOMI GIACOMO		5.2 NAME			C purage C vocation
STREET ADDRESS 2601 S. BAYSHORE, DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138		5.4 CITY - S			
TITLE	717	DELETE	6.1 TITLE	1 211		Change Addition
NAME	( <del>                                     </del>	//	G.2 NAME			
STREET ADDRESS	M BOOK	/	6.3 STREET	ADDRESS		

6.3 STREET ADDRESS

on an attachment with an address.

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the uport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name