FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIL CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	MENT # P9300) 0001	1853 (7							
i. Corporatio MARI	A VITTORIA, INC.			•						
rincipal Place	e of Business	Ма	iling Address					EM DOIDI MUDI		
	355 WEST WOOD DRIVE KEY BISCAYNE FL 33149		355 WEST WOOD DRIVE KEY BISCAYNE FL 33149							
KET BISUR	INE FL 33149	'	NET DISCATNE PL 33	143		Date Incorporated or Qua	lified I	3a. Date of	Last Re	eport
						02/16/1993			01/199	
Frincipal Place of Business		2a. Mailing Address			4. FEI Number			\rightarrow	Applied For	
Code Art	Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0406691 Not Applied State of State o				Not Applicable
Sune, Ap:	H, ELG.	27	Suite, Apr. 4, etc.			5. Certificate of Status Desir	ed [Additional Required
City & Stat	le		City & State	· 		6. Election Campaign Financ Trust Fund Contribution	cing [0 May Be d to Fees
Ζφ	Country	1	Zφ	Count	try	8. This corporation has liabil			under s	199.032,
l	25	29	ll			Florida Statutes				
	9. Name and Address of Curre	ent negist	ereu Agent	E	Namo	10, Name and Address of t	New Meg	ISTOLOG MÅ	en.	······································
Citibi	ANII MADIA					ID O. Davidson in Mal An				
	ani, maria Est wood drive				Street Add	dress (P.O. Box Number is Not Ac	ceptable)			
	ISCAYNE FL 33149			E	13					
NE I DI			B4 C							
KET DI				-	14 City				85 Ziç	Code
S D moreo	to the provisions of Sections 607,050	02 and 607	7. 1508, Florida Statute	as the above	a named corre	oration submits this statement for t	he purpo	FL se of chance	ing its r	egistered office
Pursuant or registe familiar w	to the provisions of Sections 607,050 and a jent, or both, in the State of Flor with, and accept the obligations of Sec	rida. Such ction 607.0	change was authoriz 0505, Florida Statutes	es, the above ed by the co	e-named corporation's bo	oration submits this statement for t and of directors. I hereby accept the	he purpo ne appoin	FL se of chance	ing its r	egistered office
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64 CHY-ST-ZIP 14. I do hereby certify that the information surplied 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 607 Porida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS.

SIGNATURE: MARIA GIUKLANI SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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