FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001493147
-05/18/95--01020--018
****225.00 ****225.00

DOCUMENT # P93000021499 (7)

1. Corporation Name
ITALO-ITALY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2301 COLLINS AVE. APT. A1003 MIAMI BEACH FL 33039	2301 COLLINS AVE. APT. A1003 MIAMI BEACH FL 33039

3. Date Incorporated or Qualified: 03/23/1993
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business	2a. Mailing Address
21 1655 SW 107 Avenue	26 1655 SW 107 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL 33165	City & State 28 Miami, FL 33165
Zip / Country 24 33165 / 25 USA	Zip / Country 29 33165 / 30 USA

4. FEI Number: 65-0405718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LABATE, MARK J 2651 N. FEDERAL HWY. FT. LAUDERDALE FL 33306	81 Name: Jose I Barbosa 82 Street Address (P.O. Box Number is Not Acceptable): 44 NW 136 Place 83 84 City: Miami, FL 85 Zip Code: 33182

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jose I. Barbosa, President — 5-12-95
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: D NAME: CULTRERA, CARMELO STREET ADDRESS: 2301 COLLINS AVE, APT. A1003 CITY-ST-ZIP: MIMAI BEACH FL 33039	11 TITLE: D/Secretary-Treasurer ☒ Change ☐ Addition 12 NAME: Cultrera, Carmelo 13 STREET ADDRESS: 18335 Collins Ave #228 14 CITY-ST-ZIP: N Miami Beach, FL 33160
	21 TITLE: D/ President ☐ Change ☒ Addition 22 NAME: Barbosa, Jose I. 23 STREET ADDRESS: 44 NW 136 Place 24 CITY-ST-ZIP: Miami, FL 33182
	31 TITLE: D/ vice President ☐ Change ☒ Addition 32 NAME: Falcone, Flavio 33 STREET ADDRESS: 2899 Collins Ave #622 34 CITY-ST-ZIP: Miami Beach FL33140
	41 TITLE: ☐ Change ☐ Addition 42 NAME: 700001493147 43 STREET ADDRESS: -05/18/95--01020--013 44 CITY-ST-ZIP: ******8.75 ******8.75
	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:
	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP: CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jose I. Barbosa
President 5/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0146071 CP