

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

Amended

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **930000329166**  
1. Corporation Name  
**Vogue Italia 2 Incorporated**

FILED  
96 DEC 13 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**3195 North Federal Highway 1018 E. Las Olas Blvd.**  
**Boca Raton, FL 33431 Ft. Lauderdale, FL**  
**33301**

3. Date Incorporated or Qualified **5/4/93** 3a. Date of Last Report

|   |  |   |
|---|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 4. FEI Number<br><b>65-0408975</b><br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><b>Gerald S. Schnitzer</b><br><b>2455 E. Sunrise Blvd.</b><br><b>Suite 502</b><br><b>Fort Lauderdale, FL 33304</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>Jerry Green, Esquire</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>9200 So. Dadeland Blvd #617</b><br>83<br>84 City <b>Miami</b> FL 85 Zip Code <b>33156</b> |
|---|---|

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 *Jerry Green* DATE **11/26/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>President/Director</b> <input type="checkbox"/> DELETE        | 1.1 TITLE   | <b>Secy/Treas</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | <b>Giovanni Sola</b>   | 1.2 NAME  | <b>Daniela Amorin a/k/a Maria Sola</b>   |
| STREET ADDRESS             | <b>1617 SE 15th St #304</b>                                      | 1.3 STREET ADDRESS                                    | <b>1617 S.E. 15th St. #304</b>   |
| CITY-ST-ZIP                | <b>Ft. Lauderdale, FL 33316</b>                                  | 1.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33316</b>  |
| TITLE                      | <b>Vice Pres./Dir</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   |  |
| NAME                       | <b>MARY BRADY</b>  | 2.2 NAME  |  |
| STREET ADDRESS             | <b>1818 Brady 8th Street</b>                                     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>Ft. Lauderdale, FL 33304</b>                                  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                                  | 3.1 TITLE   | <b>900002030723</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  | <b>-12/17/96--01083--004</b>   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    | <b>*****61.25 *****61.25</b>   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                                  | 4.1 TITLE   |  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                                  | 5.1 TITLE   |  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                                  | 6.1 TITLE   |  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

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)(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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **12-3-96** (305) 670-8206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)