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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000038388 (3)

TUTTA ITALIA, INC.

FILED Apr 24 1997 8:00am Secretary of State



	no of Rusiness	Mailing Add	2201				HALIC MANAN INCOL	MING (SEPT IN)	
Principal Place of Business Mailing Address 1489 SE 177H ST 1489 SE 177H ST FT LAUDERDALE FL 33316 FT LAUDERDALE				1714					
						3. Date Incorporated or Qualifie 05/27/1993		te of Last f	Report
2. Principal F	Prace of Business	2a. Mailing A	ddress	11774 - 2 - 1 - 1		4. FEI Number		A	pplied For
21	· · · · · · · · · · · · · · · · · · ·	26	-u-,			65-0413816			lot Applicabl
Suite, Apt	#, etc	Suite, Ap	it. #, etc.			5. Certificate of Status Desired			Additional lequired
Cily & Stat	ile	City & Str	ate			6. Election Campaign Financing	 	\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zipi	Country	Zip		Country	4	8. This corporation has liability f			s. 199.032,
<u>.4</u>	25	29		30		Florida Statutes	Yes [
	9. Name and Address of C	urrent Registered Age	ont	81	Name	10. Name and Address of New	Registered /	agent	
	INGS, INC.			•'	Name				
3732 NW 16TH ST Ft Lauderdale Fl 33311				82	Street /	Address (P.O. Box Number is Not Accep	table)		
				83				··	
				84	City			Bti Zip	Code
					'	corporation submits this statement for the coration's board of directors. I hereby ac	FL		
2.	Signature, typical or printed name of register OFFICER	PROPERTY AND DIRECTORS	(NOTE	Registered Age	ent signature	required when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
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iame Treet address	D'ARMETTA, ANTONINO	_] DETELE	1.2 NAME				Change	Addil
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I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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

4/4/97

Daytime Phone #