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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIV	ISION OF CORPO	RATIONS			
I, Corporation	T Ventre	00003840	3 (0)				
TUTTO	BENE, INC.				4 3 <b>60</b> 11 <b>60</b> 1 100 1 <b>0</b> 100 1101 0 <b>0</b> 110 4	hill 88:11 88:36 :	(1) Å) (Å) () Å) Å) Å
Principal Place	of Business	Mailing Addres	ss			IAN MAIS MAINA I	DITOR TOTAL BLOSD BREAD DATE 1801
	eral Highway Dale Fl 33306		DERAL HIGHWAY DALE FL 33306				
					3. Date Incorporated or Qualified	3a. Date	e of Last Report
					05/28/1993		3/22/1995
., Principal Pla ]	ace of Business	2a. Mailing Add	dress		4. FEI Number		Applied For
Suite, Apt. #	etc.	26 Suite, Apt.	# etc		65-0415012		Not Applicable
]	.,	27	#, e.c.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City & State	e		6. Election Campaign Financing		\$5.00 May Be
L		28			Trust Fund Contribution		Added to Fees
Zip ]	Country	Ζιρ	<b>├</b> ¬	untry	8. This corporation has liability fo		ex under s 199.032,
<u> </u>	9. Name and Address of C	29 Current Registered Agen	30		Florida Statutes Ye  10. Name and Address of New	Begistered	Agont
		The state of the s		81 Name	IV. Name and Address of New	negistered	Agent
CORPOR	RATION INFORMATION SEI	RVICES, INC.		90 0	(D.O. Day Nigother is Not Assessed		
1201 HA		MIOLO, MIO.		82 Street Add	fress (P.O. Box Number is Not Accepta	atole)	
	ASSEE FL 32301			83		·····	
				84 City		·	Ac   7:- 01-
				Oity		FL	85 Zip Code
familiar with	o the provisions of Sections 607 ad agent, or both, in the State of n, and accept the obligations of,	i rionua. Such change wa	s authorized by the	ove-named corpo corporation's boa	oration submits this statement for the p ard of directors. I hereby accept the ap		
familiar with	on, and accept the obligations of, some of registers of the obligations of the obligation	, Section 607.0505, Florida	s authorized by the a Statutes.	ove-named corpo corporation's boat d Agent signature require	ard of directors. I hereby accept the ap	urpose of cha pointment as	anging its registered offic registered agent. I am
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SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARD OFFICER PR DIRECTOR

3-11-96 Date