FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



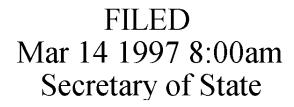
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000038403 (0) DOCUMENT #

TUTTO BENE, INC.





21 Suite, Apt. #, etc. 22 Zip Country				Mailing Address 3001 N FEDERAL HIGHWAY FT LAUDERDALE FL 33306-1403									
								Date incorporated or Qualified 05/28/1993		ate of La 19/19		port	
· ·				2a. Mailing Address 26				4. FEI Number 65-0415012	Applied For Not Applicable				
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	-		28	City & State				6. Election Campaign Financing Trust Fund Contribution				May Be Fees	
			29	Zip Country 30				This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
9. Name and Address of Current			a commence of the condition	and the commence of the commen				10. Name and Address of New Registered Agent					
MAC	RQUEZ, ALIC					81	Name			0-"			
3001 N FEDERAL HIGHWAY FT LAUDERDALE FL 33306							Street Ad	ess (P.O. Box Number is Not Acceptable)					
FIL	LAUDERDALE	: FL 33300				83							
						84	City		FL	85	Zip C	ode	
office or r agent. I a SIGNATURE	registered ager im familiar with	nt, or both, in the S , and accept the o	State of Florid bligations of,	a. Such change was Section 607.0505, I	s authorizo Florida Stat	d by utes	the corpor	rporation submits this statement for the patient's board of directors. Thereby acceptions	ourpose o	f changi ointmer	ng its It as ri	registered egistered	
	Signature, typed or	profud name of registers	d agent and file i	Commence of the commence of the commence of	and the second second second	J Age	nt signature rec	jured when reinstating)	DATE	DIDEO	TODO	IN 40	
12.	<u> </u>	OFFICERS	AND DIREC	DELETE	13.	 1) E		ADDITIONS/CHANGES TO OFFIC	EHS AINL	Cha		Addition	
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NAME					22 N	ME							
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STREET ADDRESS							ADDRESS						
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NAME				•	4. 2 N	AME							
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NAME STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					6.4 CI								
	ov certify that the	he information sup	plied with thi	s filing does not qua				ed in Section 119.07(3)(i), Florida Statute	s. I furthe	recruity	that th	10	

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 eath; 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 it chapted or on an attachmy it with an address.