


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

APPROVED  
AND  
FILED

1997 JUN 24 AM 10: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>P930000068542</u>		
1. Corporation Name <b>IL POSTO, INC.</b>		

Principal Place of Business <b>1170 3rd Street, S. Suite F101 Naples, FL 34102</b>	Mailing Address <b>1170 3rd Street, S. Suite F101 Naples, FL 34102</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/27/93</b>	3a. Date of Last Report <b>05/14/96</b>
				4. FEI Number <b>65-0433557</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				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 <b>Giovanni B. Belsito 1170 Third Street, S. Suite F101 Naples, FL 34102</b>				10. Name and Address of New Registered Agent 81 Name <b>Sergio Duran</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1170 Third Street, S. Suite F101</b> 84 City <b>Naples</b> 85 Zip Code <b>FL 34102</b>	
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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 Sergio Duran (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/V/T/S/D	<input checked="" type="checkbox"/> DELETE		TITLE	P/V/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Giovanni B. Belsito</b>			NAME	<b>Sergio Duran</b>		
STREET ADDRESS	<b>1170 Third Street, S., Ste. F101</b>			STREET ADDRESS	<b>1170 Third Street, S., Ste. F101</b>		
CITY-ST-ZIP	<b>Naples, FL 34102</b>			CITY-ST-ZIP	<b>Naples, FL 34102</b>		
TITLE		<input type="checkbox"/> DELETE		21 TITLE	<b>200002224092</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				22 NAME	<b>-06/26/97--01080--014</b>		
STREET ADDRESS				23 STREET ADDRESS	<b>*****165.00 *****165.00</b>		
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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: Sergio Duran (941) 417-2127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)