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Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90070 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000068542

1. Corporation Name

IL POSTO, INC.

| | | | | | | | 8 | |
|---------------------------------------|---|---|--------------------------------|-----------------------|----------------------------------|---------------------------------|-------------------|---------------|
| Principal Plac | e of Business | Mailing Address | | | '" | | | |
| 1170 THIRD STREET SOUTH SUITE F101 | | 1170 THIRD STREET SOUTH SUITE F101 | | | DO NOT WRITE IN | THIS SPACE | | |
| NAPLES FL 34 | 102 | NAPLES FL 34102 | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 09/27 | | | |
| 2 Dain since I | Place of Business | 2a. Mailing Address | | | 4. FEI Nu | | An | lied For |
| | race of Business | 26 | | | 65-04 | | | : Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | | \$8.75 | _ |
| 22 | F, 500. | 27 | | | 5. Certife a | ite of Status Desired | Fee Re | quired |
| City & 5 tat | le | City & State | | | 6. Etection | Campaign Financing | \$5.00 | May Be |
| 23 | - | 28 | | | 1 | und Contribution | Added | t) Fées |
| Zip | Country | Zip | Count | гу | 8. This co | rporation owes the current year | ar Intangible | |
| 24 | 25 | 29 | 30 | | Perso 1 | al Property Tax. | Yes | □ No |
| | 9. Name and Address of Curren: | Registered Agent | | | 10. Name | and Address of New Registe | ered Agent | |
| | | | 8 | 1 Name | | | | |
| | RAN, SERGIO | | 9 | 2 Street A id | Iress (P.O. Box | Number is Not Acceptable) | | |
| 1170 THIRD STREET SOUTH SUITE F101 | | | 1 | J. Sireer A. | 11e33 (1 .O. DO (| | | |
| | | | 8 | 3 | | | | |
| NAPLES FL 34102 | | | | 4 City | | | 85 Zip | Code |
| | | | ٩ | City | | | F'L | |
| office or a | to the provisions of Sections 607.0502 registered agent, or b∈th, in the State c am familiar with, and a cept the obligat | of Florida, Such change was ons of, Section 607.0505, Fi | autnorized t Iorida Statuti | es. | ion's board or ; | rectors, Thereby accept the a | ap Johnment as re | egistered |
| | Signature, typed or printed name of registered agen | | | gent signature requir | | DA | | 3 7 S IN 12 |
| 12. | OFFICERS ANI | | 13. | | ADDITI. | ONS/CHANGES TO OFFICER | Change | Addition |
| TITLE | PVST | ☐ DELETE | 1,1 TITLE | | | | onlinge | |
| NAME | DURAN, SERGIO | | 1.2 NAM | 1 | | | | |
| STREET ADDRESS | | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL 34102 | | | -ST-ZIP | | | | Addition |
| TITLE | \ D | ☐ DELETE | 2.1 TITLE | i | | | Change | ☐ Addition |
| NAME | DURAN, SERGIO | | 2.2 NAM | E | | | | |
| STREET ADDRESS | 1 | 101 | 2.3 STRI | EET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL 34102 | | | r-ST-ZIP | | | Change | Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | Change | |
| NAME | | | 3.2 NAM | E | | | | |
| STREET ADDRESS | S | | 3 3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | | (-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4 1 TITU | - | | | ☐ Change | ☐ Addition |
| NAME | l | | 4. 2 NAM | Æ į | | | | |
| STREET ADDRESS | 3 | | 4.3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | -ST-ZIP | | | | |

14. 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 signat are 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 attact ment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE: 7

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICE ? OR DIRECTOR

☐ DELETE

DELETE

Daytime Phone #

Change

Change

Addition

☐ Addition