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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075763 (1)

BELLINI ITALIAN MARKET, INC.

Lam an officer or director of the corporation or the appears in Block 12 or Block 13 inchanged, or on

SIGNATURE:

Principal Place of Business Mailing Address 1536 MAIN STREET 1536 MAIN STREET SARASOTA FL 34236 SARASOTA FL 34236-5803 3. Date Incorporated or Qualified 3s. Date of Last Report 10/25/1993 05/01/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0459281 21 26 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 30 Yes No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DE MICHIELI, ROBERTO 1536 MAIN ST. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 City Zip Code 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 Signature, typed or profind name of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THLE 1.1 TITLE Change Addition DE MICHIEU, ROBERTO NAME 1.2 NAME 1536 MAIN ST. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIE 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE ... Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$T-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ACCRESS 5.3 STREET ADDRESS City-S1-7P 5.4 CITY-ST-ZIP DELEYE TIFLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CID-SI-7P 14. If 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

ment with an address.

ROBENTO DE MICHIEL 4/20