

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000086677 (0)**

1. Corporation Name
THE MASTERS OF THE ITALIAN ART. INC.



Principal Place of Business 326 PERUVIAN AVE #5 PALM BEACH FL 33480	Mailing Address 326 PERUVIAN AVE #5 PALM BEACH FL 33480-4890
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3. Date Incorporated or Qualified 12/15/1993	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0455573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 5860 Whispering Pine Way Suite, Apt. #, etc. Bldg 413 # B2 City & State LAKE WORTH, FL Zip 33463 Country USA	2a. Mailing Address PO Box 2305 Suite, Apt. #, etc. City & State Palm Beach, FL Zip 33480 Country USA
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9. Name and Address of Current Registered Agent RICCI, VERONICA 100 LINCOLN RD. #1640 MIAMI BEACH FL 33139
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10. Name and Address of New Registered Agent 81 Name Ricci, Veronica 82 Street Address (P.O. Box Number is Not Acceptable) 752 Prosperity Farm Rd 83 84 City North Palm Beach FL 85 Zip Code 33408
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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 Veronica Ricci DATE 4-22-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P. Ricci Veronica	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICCI, VERONICA		1.2 NAME 752 Prosperity Farm Rd.	
STREET ADDRESS 100 LINCOLN RD. #1640		1.3 STREET ADDRESS North Palm Beach FL 33408	
CITY-ST-ZIP MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELLUZZO, MARIA T		2.2 NAME Belluzzo Maria T.	
STREET ADDRESS 387 CHILIAN AVE #8		2.3 STREET ADDRESS 5860 Whispering Pine Way Bldg 413 # B2	
CITY-ST-ZIP PALM BEACH FL 33480		2.4 CITY-ST-ZIP LAKE WORTH FL 33463	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Walter George Belluzzo DATE 4-22-97
(NOTE: Signature and typed or printed name of signing officer or director)

CR2E034 (9/96)