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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| 1 Corporation Name T P94000002110 (3 | DOCUMENT # | P94000002118 | (5) |
|--------------------------------------|------------|--------------|-----|
|--------------------------------------|------------|--------------|-----|

VALENTINO & LOVE, INC.

| Principal Place                          |  | Mailing Address                                    | DIVE                             |                      |   |                                  |                       |
|--|--|--|----------------------------------|----------------------|---|----------------------------------|-----------------------|
| SUITE 3                                  | NO SIREE!  | BOCA RATON FL                                      |                                  |                      |   |                                  |                       |
| ft. Lauderda<br>US                       | LE FL 33316  |  |                                  |                      | 3. Date Incorporated or Qualified 01/07/1994  | 3a. Date of Last F<br>02/19/1996 | Report                |
| 2. Principal Pl                          | ace of Business  | 2a. Mailing Addres                                 | SS                               | ·····                | 4. FEI Number   | <del></del>                      | pplied For            |
| 21                                       |  | 26   |                                  |                      | 65-0458947  |                                  | ot Applicable         |
| Suite, Apt. (                            |  | Suite, Apt. #, 6                                   | ric.                             |                      | 5. Certificate of Status Desired  |                                  | Additional<br>equired |
| City & State                             | )  | City & State                                       |                                  |                      | 8. Election Campaign Financing  |                                  | May Be                |
| <b>23</b> Z(p)                           | Country  | 28 Zip   | Co                               | untry                | Trust Fund Contribution  8. This corporation has liability for I  |                                  | to Fees               |
| 24                                       | 25   | 29   | 30                               | ,                    |   | Yes No                           | s. 199.U32,           |
|  | g. Name and Address of Curre   |  |                                  | T                    | 10. Name and Address of New Re  | Istered Agent                    |                       |
| VITT                                     | ORIO, RUDOLPH  |  |                                  | 81 Name              |   |                                  |                       |
| 1578                                     | 5-V SPRING HARBOR DRIVE  |  |                                  | 82 Street Addr       | ess (P.O. Box Number is Not Acceptab  | le)                              |                       |
| DELI                                     | RAY BEACH FL 33445   |  |                                  |                      | ,   |                                  |                       |
|  |  |  |                                  | 63                   |   |                                  |                       |
|  |  |  |                                  | 84 City              |   | 85 Zip                           | Code                  |
|  | 100705   | 00 007 4500 Firelds                                | Ctatutus tha                     |                      | poration submits this statement for the p   | FL   3   2                       | (1- man)-1-1          |
| office or re<br>agent. I ar<br>SIGNATURE | egistered agent, or both, in the State ri lamiliar with and accept the oblig | un - 01.   | بحدي                             | ed by the corporat   | ion's board of directors. I hereby accepted when reinstaing)  | the appointment as               | registered            |
| 12.                                      | OFFICERS AN  | D DIRECTORS  | 13.                              |                      | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRECTO                  | RS IN 12              |
| THLE                                     | Р  | ☐ DEL  | ETE 1.11                         | TITLE                |   | Change                           | ☐ Addition            |
| NAME                                     | VITTORIO, RUDOLPH  |  | 1.21                             | VAME                 |   |                                  |                       |
| STREET ADDRESS                           | 12925 CLIFTON DRIVE  |  | 1.33                             | STREET ADDRESS       |   |                                  |                       |
| C!TY - ST - ZIP                          | BOCA RATON FL 33428  | 17.55  |                                  | CITY-ST-ZIP          |   | P   A;                           | 1 1 1 1-20            |
| TITLE                                    | \$   | ☐ DEL  | . 1                              | INTLE                |   | Change                           | L. Addition           |
| NAME                                     | SAX, LISA A  |  |                                  | NAME                 |   |                                  |                       |
| STREET ADDRESS                           | 12925 CLIFTON DRIVE<br>BOCA RATON FL 33428                                   |  |                                  | STREET ADDRESS       |   |                                  |                       |
| CITY: SI : ZIP                           | BUCA RATUN FL 33420  | DEL  |                                  | CITY-ST-ZIP<br>TITLE |   | Change                           | Addition              |
| NAME                                     |  | V.L.   |                                  | NAME                 | ```   | C. Orango                        |                       |
| STREET ADDRESS                           |  |  |                                  | STREET ADDRESS       |   |                                  |                       |
| CITY-ST-ZIP                              |  |  |                                  | CITY-ST-ZIP          |   |                                  |                       |
| TOLE                                     |  | OEL  |                                  | FITLE                | ***************************************   | ☐ Change                         | Addition              |
| NAME                                     |  |  | 4.2                              | NAME                 |   |                                  |                       |
| STREET ADDRESS                           |  |  | 4.3                              | STREET ADDRESS       |   |                                  |                       |
| CITY-ST-ZIP                              |  |  | 4.4 (                            | CITY-ST-ZIP          |   |                                  |                       |
| TITLE                                    |  | DEL  | ETE 5.11                         | fitLE                |   | Change                           | Addition              |
| NAME                                     |  |  | 5.21                             | NAME                 |   |                                  |                       |
| STREET ADDRESS                           |  |  | 5.3                              | STREET ADDRESS       |   |                                  |                       |
| CITY - ST - ZIP                          |  |  |                                  | CITY-ST-ZIP          |   |                                  | T 1                   |
| TITLE                                    |  | DEL.   |                                  | TITLE                |   | Change                           | Addition              |
| NAME                                     |  |  | 1                                | NAME                 |   |                                  |                       |
| STREET ADDRESS                           |  |  |                                  | STREET ADDRESS       |   |                                  |                       |
| CITY-ST-ZIP                              | a postile that the information constitution                                  | ad with this filing doc-                           |                                  | CITY-ST-ZIP          | d in Castion 119.07(2)(i) Florida Castina   | a I further continues            | 1 the                 |
| information<br>Lam an of                 | ri indicated on this annual report or  | supplemental annual report the receiver or trustee | port is true and<br>empowered to | accurate and that    | d in Section 119.07(3)(i), Florida Statute<br>t my signature shall have the same lega<br>rt as required by Chapter 607, Florida S | I effect as if made ur           | nder oath; that       |