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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P9400006365 (8) DOCUMENT

PRIMAVERA PASTA, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2900 N.W. \$107-AVE .. #101-2800 N.W. 9187 AVE .- 4101 CORAL SPRINGS FL-60065 CORAL SPRINGS FL 22065. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1994 Principal Place of Business. 4993 W. Htartic Buch Mailing Address Applied For Spruce Not Applicable 65-0476620 Suite, Apt #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Ves Yes 29 30 ddress of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAMMONS FOY H. 2701 SOUTH BAYSHORE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 606 83 **MIAMI FL 33133** 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, typod or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition PST 11 TITLE TiTLE TROTTER, CECILIA NAME 12 NAME MARYATE PL 33063 2800 N.W. 91ST AVE. #101- 47 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 1.4 CITY - ST- ZIP CITY-ST-ZIP THLE DELETE 21 TITLE **BERNI, FRANCESCO** NAME 4762 S. Hemingway C MARSATE R 3306 2800 NW DIST-AVE-#101 2.3 STREET ADDRESS STREET ADDRESS COPAL SPRINGS EL 2.4 CITY-ST-ZIP CITY-ST-ZIP **DELETE** Addition TITLE 3 1 TITLE GRELLA, MICHAEL 3.2 NAME NAME 5550 LAKEWOOD CIR 3.3 STREET ADDRESS STREET ADDRESS MARGATE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change ☐ Addition TITLE 6 1 TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filing does not qualify texthe 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 trief 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 corporates or the receiver or trusted under oath; that I am an officer or director of the corporates or the receiver or trusted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 or

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

CR2E034 (10/97