

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000010610 (1)

1. Corporation Name

IMMOBILIARE INC.

Principal Place of Business

5901 CAMINO DEL SOL  
#207  
BOCA RATON FL 33433

Mailing Address

5901 CAMINO DEL SOL  
#207  
BOCA RATON FL 33433

2. Principal Place of Business

21 Suite, Apt #, etc.

2a. Mailing Address

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

24 Zip

Country

25 Country

28 Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

GRIMALDI, ANTONELLA  
5901 CAMINO DEL SOL  
#207  
BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |   |
|----------------------------|---------------------------|---|--------------------|---|
| TITLE                      | PTD                       | <input type="checkbox"/> DELETE                       | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRIMALDI, ANTONELLA       |   | 1.2 NAME           |   |
| STREET ADDRESS             | 5901 CAMINO DEL SOL, #207 |   | 1.3 STREET ADDRESS |   |
| CITY-ST-ZIP                | BOCA RATON FL 33433       |   | 1.4 CITY-ST-ZIP    |   |
| TITLE                      |                           | <input type="checkbox"/> DELETE                       | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |   | 2.2 NAME           |   |
| STREET ADDRESS             |                           |   | 2.3 STREET ADDRESS |   |
| CITY-ST-ZIP                |                           |   | 2.4 CITY-ST-ZIP    |   |
| 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 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, on an attachment with an address.

SIGNATURE:

GRIMALDI, ANTONELLA

9/28/98 561 392-6310

CR2E034 (10/97)