SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIL CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 29 1998 8:00am Secretary of State



| OCUMENT # | P94000013434 | (3) |
|-----------|--------------|-----|
| | | |

STUDIO ITALIA ENTERPRISE INC.

| AVENTURA FL 3 | | 18060 BISCAYNE BLVD. | | | | |
|-------------------------|---|--|---------------------------------|--|--|---|
| AVENTURA PL | NI60 | AVENTURA FL 33160 | | | DO NOT WRITE IN T | HIS SPACE |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 02/17/1994 | |
| 2. Principal Pl. | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0466665 | Not Applicable |
| Suite Apl a | F, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | - | 27 | | | Grander of Education | Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | [| 28 | [| | Trust Fund Contribution L. J. | Added to Fees |
| Zip | Country 25 | Zip Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No | | |
| 24 | 9. Name and Address of Current | 29 Registered Agent | [30] | | 10. Name and Address of New Register | 1 |
| POM | ERANTZ, SHIFRA | And Marian Company | 81 | Name | is the second of the second | |
| | MARINER WAY | | | | | |
| , | YWOOD FL 33019 | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| 11021 | | | 83 | | • | |
| | | | | 62. | | |
| | | | 84 | City | ŗ | ₹L 85 Zip Code |
| 11. Pursuant | to the provisions of sections 607.0502 | and 607.1508, Horida Statut | es, the above | i : named corpo | oration submits this statement for the purpose coon's board of directors. I hereby accept the ap | of changing its registered |
| office or r agent La | eg isto red agent, or both, in the State c in fam iliar with, and accept the obligal | ศ Florida, Such change was ions of, section 607.0505, Fl | authorized by Iorida Statute | / the corporations: | on's board of directors. I hereby accept the ap | pointment as registered |
| SIGNATURI | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| | Signation, typed or printed in mental registere trape it. | | | Ngerd segnalore requ | proted when reinstaling) DA1 | · |
| 12. | OFFICERS AND | F . | 13. | 1 | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | PSTD | DECEASE | 1.1 THE | | | L_ Change Adoption |
| NAME | POMERANTZ, SHIFRA | | 1.2 NAME | | | |
| STREET ADDRESS | 1468 MARINER WAY HOLLYWOOD FL | | - 1 | LADDRESS | | |
| CHY-ST-ZIP | HOLLIWOOD FL | [] | 1.4 CHY-S 2.1 THE | 1-207 | | T Change Addison |
| 1 | | []DELETE | 2.2 NAME | 1 | | L J Change L. Addition |
| NAME | | | | 1 Abtorne | | |
| STREET ADDRESS | | | 23 S1RFE 24 Off Y-S | | | |
| CHY-S1-ZIP | - | [OKULTE | 311IIII | 1-7119 | | Change Addition |
| NAME | | [] [[[]]] | 3.2 NAM | | | L. Unange Abbition |
| STREET ADDRESS | | | 33 S1kEE | LADDOS | | |
| CHY-S1-ZIP | | | 34 City-S | Į. | | |
| 1011 | ~ | []DECETIE | 4.1 1111.6 | | | Change [] Addition |
| NAME | | £ 10(41 1£ | 4.2 NAVI | | | t) Chaige () Addition |
| STREET ADORESS | | | | 1 ADORESS | | |
| C/1 Y S1-7# | | | 4.4 City-S | l | | |
| TILLE | - | DETETE | 511016 | } | Springer some | Ofiange Addulion |
| NAME | | £ 1.00 × 10 | 52 NAME | | 8000 02504 -07/31/9801103 | - # 107 |
| STREET ADDRESS | | | 5.3 STREE | t ADDRESS | ***150.08 | '-'1 } |
| C(TY-S)-Z(P | | | 5.4 City-S | 1-ZIP | the first of the specific terms of the state | |
| 1016 | | DETETE | 611111.1 | | | Change (1) Addition |
| NAME | | • | 6.2 NAME | | | " " 1" |
| STREET ADORESS | | | 63\$1KFF | I ADDRESS | | //\ ^{\\} \ |
| CITY-S1-ZIF | | | 6.4 CHY-S | 1-ZiF | | · |
| Later to the first | After an indicate the contract of the contract of | Contract the second contract of the second co | | | 11 - 446 63/600 FL 14-60 4 4- 14-01 | erin in a serie e i de la |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3(t)). Florida Statutes, I further certify that the information indicated on this annual report or supplience had annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block, 13 if charged, or on an allockness with an address.

IGNATURE:

TIG-18

SIGNATURE:

301-933-07-08

Pf

STUDIO ITALIA Inc.

18060 BISCAYNE BLVD. AVENTURA, FL. 33160 TEL. 001-305-933-0708 FAX. 001-305-933-0104

Florida Dept of State Division of Corporations

To Whom It May Concern:

As per my phone conversation of today with your representitive I am enclosing a check for the amount of \$150.00 together with the Annual Report. This is the first one that we have received this year and not a second notice therefor we would like to ask for the penalty to be waived.

Uri Sharabi STUDIO ITALIA Inc.