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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000020313 (0)**

1. Corporation Name
BELLA NAPOLI DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
1200 STIRLING RD SUITE 6A DANIA FL 33004 US	1200 STIRLING RD SUITE 6A DANIA FL 33004-3534 US

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21 3150 PEMBROKE RD
22 Suite, Apt. #, etc.
23 City & State: HALLANDALE.
24 Zip
25 Country

2a. Mailing Address
26 1600 CORAL AVE.
27 Suite, Apt. #, etc. N. LAUDERDALE.
28 City & State: FLORIDA.
29 Zip: 33068
30 Country

4. FEI Number: 65-0475455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEBOLO, LUCAS
1200 STIRLING RD
SUITE 6A
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name: MARIA A. SILVA
82 Street Address (P.O. Box Number is Not Acceptable): 1600 CORAL AVE.
83 NORTH LAUDERDALE.
84 City: FLORIDA FL 85 Zip Code: 33068

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] MARIA A SILVA DIRECTOR 4/30/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE D LEBOLO, LUCAS 1200 STIRLING ROAD, SUITE 6A DANIA FL 33004	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition DIRECTOR MARIA A SILVA 1600 CORAL AVE. N. LAUDERDALE FL. 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: [signature] MARIA A SILVA 4/30/97 469-0311
DIRECTOR