FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 15 PM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026129

1. Corporation Name
QUICKFOOD ITALIA U.S.A., INC.

Principal Place of Business
~~5757 Collins Avenue~~
~~Apt. 1502~~
~~Miami Beach, FL 33140~~

Mailing Address
~~5757 Collins Avenue~~
~~Apt. 1502~~
~~Miami Beach, FL 33140~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 c/o 200 S. Biscayne Blvd.	26 c/o 200 S. Biscayne Blvd.
Suite, Apt. #, etc. 22 4815	Suite, Apt. #, etc. 27 4815
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 / Country 25 USA	Zip 29 33131 / Country 30 USA

3. Date Incorporated or Qualified: April 5, 1994
3a. Date of Last Report:
4. FEI Number: 65-0483680 ☐ 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
Alessandro Di Bari
5757 Collins Avenue
Apt. 1502
Miami Beach, FL 33140

10. Name and Address of New Registered Agent
81 Name: Piero Salussolia
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
83 Suite 4815
84 City: Miami FL 85 Zip Code 33131

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 ________ May 8, 1995
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	Alessandro Di Bari
STREET ADDRESS	5757 Collins Ave., Suite 1502
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☐ Change ☒ Addition
1.2 NAME	Alessandro Di Bari	
1.3 STREET ADDRESS	1201 17th Street	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
2.1 TITLE	T	☐ Change ☒ Addition
2.2 NAME	Stefano Rizzo	
2.3 STREET ADDRESS	Via della Scrofa 39	
2.4 CITY-ST-ZIP	00186 Roma, Italy	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Armando Curcio	
3.3 STREET ADDRESS	109 First Terrace, Dilido	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ________ May 8, 1995 (305) 373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Armando Curcio, Secretary — Date — Daytime Phone #