FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED

'96 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026129 (4)

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

Principal Place of Business
% 200 S. BISCAYNE BLVD.
ASUITE 4815
MIAMI FL 33131

Mailing Address
% 200 S. BISCAYNE BLVD.
ASUITE 4815
MIAMI FL 33131

3. Date Incorporated or Qualified: 04/05/1994
3a. Date of Last Report: 05/15/1995

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33145 / Country 25 US	Zip 29 33145 / Country 30 US.

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

SALUSSOLIA, PIERO
200 S. BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI FL 85 Zip Code: 33145

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] AMADA CANTERA LOPEZ.PRES
Signature, typed or printed name of registered agent and title if applicable. DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	DI BARI, ALESSANDRO	
STREET ADDRESS	1201 17TH ST.AVE. #1502	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	☐ DELETE
NAME	RIZZO, STEFANO	
STREET ADDRESS	VIA DELLA SCROFA 39	
CITY-ST-ZIP	ROMA, ITALY 00186	
TITLE	S	☐ DELETE
NAME	CURCIO, ARMANDO	
STREET ADDRESS	109 FIRST TERR. DILIDO	
CITY-ST-ZIP	MIAMI BCH. FL 33139	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	200001813472	
1.3 STREET ADDRESS	-05/08/96--01063--016	
1.4 CITY-ST-ZIP	****200.00 ****200.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	DR513	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: X [signature] 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Alessandro Di Bari

CR2E034 (12/95)