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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400059226

1. Corporation Name

TREVISANI, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90046 034 ***150.00



Principal Place of Business	Mailing Address		·	
1228 WEST AVENUE, SUITE 602 MIAMI BEACH FL 33139-4349	1228 WEST AVENUE. SUITE 602 MIAMI BEACH FL 33139-4349		DO NOT WRITE IN T	HIS SPACE
			3. Date Incorporated or Qualifed 08/11/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1	26		65-0511430	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Co.	untry	This corporation owes the current year Personal Property Tax.	r Intangible
9. Name and Address of Curren	t Registered Agent	T	10. Name and Address of New Registe	red Agent
TREVISANI, RICHARD C		81 Name		
1228 WEST AVE.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE 602 Miami Beach Fl 33139		83		
The second secon		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	of Florida. Such change was authorize	d by the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its registered ppointment as registered

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 DIRE	CTORS IN 12
TITLÉ	.p □ DEL	ETE 1.1 TITLE	Cha	nge 🔲 Addition
NAME	TREVISANI, RICHARD	1.2 NAME	·	
STREET ADDRESS	1228 WEST AVENUE, SUITE 602	1.3 STREET ADDRESS	·	1
CITY-ST-ZIP	MIAMI BEACH FL 33139-4349	1.4 C/TY-ST-ZIP		
TITLE '	□ DEL	ETE 2.1 TITLE	Cha	nge 🔲 Addition
NAME	•	2.2 NAME		ļ
STREET ADDRESS		2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP		2. 4 CITY+\$T-ZIP		
TITLE :	DEL	ETE 3.1 TITLE	Cha	nge Addition
NAME		3.2 NAME		
STREET ADDRESS	•	3.3 STREET ADDRESS		ĺ
CITY-\$T-ZIP		3.4. CITY+\$T+ZIP		
TITLE	□ DEL	ETE 4.1 TITLE	☐ Cha	nge
NAME	,	4. 2 NAME		i
STREET ADORESS		4.3 STREET ADDRESS	•	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	. DEL	ETE 5.1 TITLE	☐ Cha	nge 🗋 Addition
NAME	•.	5.2 NAME	,	}
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	· "	5.4 CITY-ST-ZIP		
TITLE	□ DEL	ETE 6.1 TITLE	☐ Cha	nge 🗌 Addition
NAME		6.2 NAME	·	ļ
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14 i barabu s	artify that the information supplied with this filing does not gu	alify for the exemption state	d in Section 119.07(3)(i). Florida Statutes. I further certify that	the information

Interiory certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. If 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 the proof 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 the proof 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 the proof of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.