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
[illegible] 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062773 (4)

1. Corporation Name
ITALTOP, INC.

Principal Place of Business	Mailing Address
5590 WELLSLEY PARK RD. SUITE 203 BOCA RATON FL 33433	5590 WELLSLEY PARK RD. SUITE 203 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2455 EAST SUNRISE BLVD	26 2455 E. Sunrise Blvd
Suite, Apt #, etc.	Suite, Apt #, etc.
22 ARCADE #1	27 Arcade #1
City & State	City & State
23 FT. LAUDERDALE FL	28 Ft Lauderdale, Fl
24 Zip 33304 / 25 Country	29 Zip 33304 / 30 Country

4. FEI Number: 65-053-8299 — 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name: Raffaele Schiraldi
02 Street Address (P.O. Box Number is Not Acceptable): 5590 Wellsley Pk Rd #203
03
04 City: Boca Raton — FL — 05 Zip Code: 33433

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 X Schiraldi Raffaele

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO
TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	PAOLO SCHIRALDI	
STREET ADDRESS	5590 WELLESLEY PK DR #203	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	RAFFAELE SCHIRALDI	
STREET ADDRESS	5590 WELLESLEY PK DR #203	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SECRETARY	☐ Change ☐ Addition
NAME	RUGGIERO SCHIRALDI	
STREET ADDRESS	5590 WELLESLEY PK DR #203	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TREASURER	☐ Change ☐ Addition
NAME	NICOLA SICOLO	
STREET ADDRESS	5590 WELLESLEY PK DR #203	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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: X Schiraldi Raffaele
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 395-4905
Daytime Phone #

0261803 CP