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

DOCUMENT # P94000062773 (4)

1. Corporation Name

ITALTOP, INC.

Principal Place of Business	Mailing Address
2455 E SUNRISE BLVD ARCADE 1 FT LAUDERDALE FL 33304 US	2455 E SUNRISE BLVD ARCADE 1 FT LAUDERDALE FL 33304 US

2. Principal Place of Business	2a. Mailing Address
21 7244 NW 31 ST	26 7244 NW 31 ST
Suite, Apt. #, etc. 22 /	Suite, Apt. #, etc. 27 /
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33122 — Country 25 U.S.A.	Zip 29 33122 — Country 30 U.S.A.

3. Date Incorporated or Qualified: **08/25/1994**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **65-0538299** ☐ 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

SCHIRALDI, RAFFAELE
5590 WELLSLEY PK RD, STE 20
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: RAFFAELE SCHIRALDI
82 Street Address (P.O. Box Number is Not Acceptable): 3000 S. OCEAN DR #3B
83
84 City: HOLLYWOOD FL 85 Zip Code: 33019

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *Raffaele Schiraldi* VICE PRES. RAFFAELE SCHIRALDI 4-23-96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SCHIRALDI, PAOLO		1.2 NAME	SCHIRALDI PAOLO
STREET ADDRESS	5590 WELLESLEY PK DR, STE 203		1.3 STREET ADDRESS	3000 S. OCEAN DR #3B
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	V	☐ DELETE	2.1 TITLE	V ☒ Change ☐ Addition
NAME	SCHIRALDI, RAFFAELE		2.2 NAME	SCHIRALDI RAFFAELE
STREET ADDRESS	5590 WELLESLEY PK DR, STE 203		2.3 STREET ADDRESS	3000 S. OCEAN DR. #3B
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	S	☐ DELETE	3.1 TITLE	S ☒ Change ☐ Addition
NAME	SCHIRALDI, RUGGIERO		3.2 NAME	SCHIRALDI RUGGIERO
STREET ADDRESS	5590 WELLESLEY PK DR, STE 203		3.3 STREET ADDRESS	3000 S. OCEAN DR #3B
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SICOLO, NICOLA		4.2 NAME	
STREET ADDRESS	5590 WELLESLEY PK DR, STE 203		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: *Raffaele Schiraldi* RAFFAELE SCHIRALDI 4-23-96 (305)599-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)