

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000062773 (4)**

1. Corporation Name
ITALTOP, INC.



Principal Place of Business 777 NW 72ND AVE 1-AA-28 MIAMI FL 33126 US	Mailing Address 777 NW 72ND AVE 1-AA-28 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1994	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0538299		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	25. Country	29. Country		30. Country	

9. Name and Address of Current Registered Agent

**SCHIRALDI, RAFFAELE
3000 S OCEAN DR #3B
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81. Name SCHIRALDI PAOLO	85. Zip Code 33019
82. Street Address (P.O. Box Number is Not Acceptable) 1770 SWEETBAY WAY	
83. City HOLLYWOOD	
84. State FL	

11. Pursuant to the provisions of Sections 607.0102 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

Schiraldi Paolo

(NOTE: Registered Agent signature required when reinstating)

04-29-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIRALDI, PAOLO			1.2 NAME	SCHIRALDI PAOLO		
STREET ADDRESS	5590 WELLESLEY PK #203			1.3 STREET ADDRESS	1770 SWEETBAY WAY		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	HOLLYWOOD FL 33019		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIRALDI, RAFFAELE			2.2 NAME			
STREET ADDRESS	3000 S OCEAN DR #3B			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIRALDI, RUGGIERO			3.2 NAME			
STREET ADDRESS	3801 S OCEAN DR #4T			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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

Schiraldi Paolo

04-29-98 (305) 2107771

CR2E034 (10/97)