

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000002966 (6)

1. Corporation Name

VITTORIO'S, INC.

Principal Place of Business

1741 COLLINS AVE.  
MIAMI BEACH FL 33139

Mailing Address

1741 COLLINS AVE.  
MIAMI BEACH FL 33139



3. Date Incorporated or Qualified  
01/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-054 386 1

Applied For

Not Applicable

21 Suite, Apt. # etc

26 Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBERNAZ, DILBAR  
8030 N.W. 8TH STREET  
APT. 105  
MIAMI BEACH FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10803 NW 7 ST #14

83

84 City

MIAMI

FL

85 Zip Code

33172

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 of person submitting this report (agent or officer or director)

(If "X" is checked, Agent signature required when filing this report)

6/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SD  
GARCIA, DORIA  
STREET ADDRESS 8030 N.W. 8TH ST. APT. 105  
CITY-ST-ZIP MIAMI BEACH FL 33126

TITLE ☐ DELETE

NAME PD  
ALBERNAZ, DILBAR  
STREET ADDRESS 8030 N.W. 8TH ST. APT. 105  
CITY-ST-ZIP MIAMI BEACH FL 33126

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

10803 NW 7 ST #14  
MIAMI, FL 33172

10803 NW 7 ST #14  
MIAMI, FL 33172

500001931435  
-08/26/96--01008--031  
\*\*\*225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DILBAR ALBERNAZ

6/16/96 (301) 221-6593

CR2E034 (3/96)