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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

22

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1741 COLLINS AVE 4 SAME MIAMIBEACH, FL 33139

CORPORATION ANNUAL REPORT 1997	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			May 13 1997 8:00am Secretary of State		
DOCUMENT # P9500 VITTOKIO'S, INC)				
Principal Prace of Business 1741 COLLINS AVE MIAMI BEACH, FL 331	Mailing Address + 5 AME					
7 11 11 11 11 11 11 11	-1			3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
<u>!1</u>	26			65-0543861	Not Applicable	
Suite, April #. etc.	Surte, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζρ Country 25	Ζιρ 29	Counti	У	8. This corporation has liability for inta		
9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regis	tered Agent	
ALBERNAZ , DILBAR		8:		dress (P.O. Box Number is Not Acceptable)		
10803 NW 7THST #	T .	83		, see (1 s. 5 s. 1 s. 1 s. 1 s. 1 s. 1 s. 1 s.		
MIAMI /FL 33172		B	City		FL 85 Zip Code	
Persuant to the provisions of Sections 607.05 office or registered agent or both, in the Stalagent Tam familiar with, and accept the obline.	te of Florida. Such change was a	authorized b	ov the corpora	poration submits this statement for the purp alion's board of directors. I hereby accept the	pose of changing its registered	
SIGNATURE	**************************************					
Signation Typical or period during or registered 8 12. OFFICERS A	ND DIRECTORS	13.	gent e-ghalure requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICEF	DATE PS AND DIRECTORS IN 12	
THE SD	DELETE	13. 1.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	AS AND DIRECTORS IN 12 96 66 66	
		1.2 NAME				
ייו איטען ייושרייבט	id ·		T ADDRESS		RZE034	
SIRE ADDRESS 10803 NW 7 TH FF	33172					
THE PO	DELETE	1 4 CITY-ST-ZIP 2 1 TITLE			Change Addition 5	
		2.2 NAME				
MAME ALBERNAZ, DILBAR STREET ATURENS 1,000 & NW 7 + ST	#14		T ADDRESS			

FILED

SIGNATURE	Second on Thems I de portied gards on reinstead accent and title 1 accincable	NOTE	Registered Agent s-gnalure requi	ured when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	1,44,4	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
Tett F		DELETE	1.1 TITLE	☐ Change ☐	Addition
NAM)	LARCIA DOLLA		1.2 NAME		
STEEL ADDRESS	GARCIA, DORIA 10803 NW 7 H #14 MIAMI , FL 33172		1.3 STREET ADDRESS		
C-Dr - \$1 - 20P	MIAMI .FL 33172		1 4 CITY-ST-ZIP		
Mt:		DELETE	2 1 TITLE	Change D	Addition
NAM:	ALRERNAZ, DILBAR		2 2 NAME	•	
STREET ADDRESS	10203 NW 7+5T #14		23 STREET ADDRESS		
CITY ST 7.9	ALBERNAZ, DILBAR 10803 NW 7 TST #14 MIAMI, FL 33172		2 4 City - St - ZiP		
1601	L.	DELETE	an title	Change 🔲	Addition
NAM)			3.2 NAME		
STREET ALCOHOLIST			3 3 STREET ADDRESS		
OTTY- ST. ZIE			3.4. CITY-ST-ZIP		
DELE		DELETE	4.1 TITLE	☐ Change ☐	Addition
NAMi			4. 2 NAME		
STREET ACCORDING			4.3 STREET ADDRESS		
City Si-2iP			4.4 CITY-ST-ZIP		
THE		DELETE	5 1 TITLE	☐ Change ☐	Addition
NAM			5.2 NAME		
STREET ADDRESS.			53 STREET ADDRESS		
OFY SLAP			5.4 C/TY - ST - ZIP		
111.3		DELETE	61 TITLE		Addition
NSMr			E 2 NAME	800002189788	
SHIFT ADDRESS			6.3 STREET ADDRESS	-05/23/9701058023 <i>(5)</i>	2 107
00 Y 51 - 76			6 4 CITY-ST-ZIP		3/97
14. I do hor	by certly that the information supplied with this filing do	es not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the	- 41- 11- 1

information endicates on this annual report if suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I are an officer or director of the corporation or the receiver or instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Eleck 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: