


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

FILED
Jan 23 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 # P95000060404 (7)

1. Corporation Name
MANELLI, INC.

Principal Place of Business
900 PALM AVE
HIALEAH FL 33010

Mailing Address
900 PALM AVE
HIALEAH FL 33010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 900 PALM AVE Suite, Apt. #, etc. 22 City & State 23 HIALEAH, FL Zip 24 33010 Country 25 USA		2a. Mailing Address 26 900 PALM AVE Suite, Apt. #, etc. 27 City & State 28 HIALEAH, FL Zip 29 33010 Country 30 USA		3. Date incorporated or Qualified 08/04/1995	
4. FEI Number 65-0598683		Applied For <input type="checkbox"/> Not Applicable		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		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KOSTETSKY, FERNANDO 18151 NE 31 CT #1602 AVENTURA FL 33160				10. Name and Address of New Registered Agent 81 Name KOSTETSKY, FERNANDO 82 Street Address (P.O. Box Number is Not Acceptable) 18151 NE 31st Ct 83 #1602 84 City AVENTURA FL 85 Zip Code 33160			
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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 FERNANDO KOSTETSKY - PRESIDENT - DATE 01-05-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD / KOTETSKY, FERNANDO 18151 NE 31 CT #1602 AVENTURA FL 33160	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PTD / KOSTETSKY, FERNANDO 18151 NE 31 CT #1602 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KOTETSKY, JUANA 18151 NE 31 CT #1602 AVENTURA FL 33160	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VSD / KOVALIVKER, NESTOR 1300 NE MIAMI GARDENS DR #402 N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S/T KOSTETSKY, JUANA 18151 NE 31 CT #1602 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: SIGNATURE REQUIRED 01-14-98 (305) 885-8587

CR2E034 (10/97)