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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000064952 (1)

ITALVEN TRADE CORPORATION

]	_							
Principal Place of Business Mailing Address							80/98 6/9/9 0/9/6 \$6/4/	0 9
SUITE 607		SUITE 607	1440 SE BAYSHORE DRIVE SUITE 607 MIAMI FL 33131			DO NOT WRITE IN	THIS SPACE	
MIAMI PL	531 3 1	MIAMI FL S	13131			3. Date Incorporated or Qualified	THIS STACE	
						08/22/1995		
2. Principal F	Place of Business	2a. Mailing Ad	ddress			4. FEI Number		pplied For
21		26				65-0633160	I	lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt	#, etc.			_	- ¢0 75	Additional
22		27				5. Certificate of Status Desired L	1 ' '	Required
City & Sta	te	City & Sta	le			6. Election Campaign Financing	\$5.00	May Be
23		28	_			Trust Fund Contribution		to Fees
Zip	Country	Ζφ		Country	/	8. This corporation owes or has paid t	the current year Ir	ntangible
24	25	29	30			Personal Property Tax due June 30		□ No
	9. Name and Address of Curre	ent Registered Ager	1t		r	10. Name and Address of New Regis	tered Agent	
	ABATE, SARAH			81	Name			;
1440 SE BAYSHORE DRIVE				82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
SUITE 607								
	MAMI FL 33131			83				
				84	City		85 Zip	Code
							FL	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	i02 and 607.1508, FI le of Florida, Sucti ch	orida Statutes, th	rized by	e-named cor	poration submits this statement for the purp ition's board of directors. I hereby accept the	oose of changing	its registered
agent. I a	am familiar with, and accept the obli	gations of, Section 6	07.0505, Florida	Statutes	3.	mores board of directors. Thereby accept the	to appointment as	s registered
SIGNATURE								
	Signature typed or printed himin of registered a	gent and like if applicable ND DIRECTORS			ont signature requ		DATE	50.114.40
12, TITLE	OFFICE RS A			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change	HS IN 12 Addition
**	ABATE, SARAH						Change	☐ Audition
NAME OTDERT LINGUISION	1440 SE BAYSHORE DRIV	E #807		1.2 NAME	1000000			ļ
STREET ADORESS	MIAMI FL 33131	E #OU!		1.3 STREET				
CITY-ST-ZIP	ni/mi i c 33131			1.4 CITY - S 2.1 TITLE	1 - ZIP		Change	Addition
NAME	CRISTIANI, CRISTIANO			2.2 NAME	1		C Change	
STREET ADDRESS	1440 SE BAYSHORE DRIV	E #607			ADDRECC			
	MIAMI FL 33131	L WOO!	i i	2.3 STREET	1			
CITY-ST-ZIP TITLE	D			2. 4 CITY - 3 3.1 TITLE	51-211		Change	Addition
NAME	CRISTIANI, ITALO			3.1 THEE			ட பாள்கும்	
STREET ADDRESS	1440 SE BAYSHORE DRIV	F #607		3.3 STREET	ADDRESS			
	MIAMI FL 33131	- × 441						
CITY-ST-ZIP TITLE	MINIMA I C OO IO I			3 4. CITY-5 4.1 TITLE	oi - Zir		Change	Addition
NAME				4. 2 NAME			Onlarigo	
STREET ADDRESS				1.3 STREET	ADDRESS			
CITY-ST-ZIP			1	1.4 CITY - S				
TITLE				5 1 TITLE	1 211		Change	Addition
NAME	1		i i	5.2 NAME	ľ			
STREET ADDRESS				5.3 STREET	ADDRESS			
CATY-ST-ZIP	}			5 4 CITY-S	}			ĺ
TITLE			Dec Par	5.1 HTLE	1 20		Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
# INFE I VANDUR DO	1			AU WITHLE	UNITEDE			

SIGNATURE:

14. Thereby 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 of the attacking high I with an address.

FILED

May 04 1998 8:00am

Secretary of State

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