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FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000076431 (2)
 1. Corporation Name
STELLA MARIA'S, INC.



Principal Place of Business: **2430 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308**
 Mailing Address: **2430 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308-4004**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last Report 04/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0619272	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
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PETTINCO, ELIZABETH
2430 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: **ELIZABETH PETTINEO**
 82 Street Address (P.O. Box Number is Not Acceptable): **2430 E. Commercial Blvd.**
 83
 84 City: **Fort Lauderdale** FL 85 Zip Code: **33308**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PETTINEO, ELIZABETH	
STREET ADDRESS	2430 E COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PETKO, STELLA	
STREET ADDRESS	2430 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	PETTINEO, FRANK	
STREET ADDRESS	2430 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Same	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: **Elizabeth Pettineo** *Elizabeth Pettineo* **4/10/97** **954-772-7782**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)