

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.)

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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000087161 (2)

1. Corporation Name
ITAL-VENUS, INC.



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|---|---|
| Principal Place of Business 1800 34TH STREET SOUTH ST. PETERSBURG FL 33711 | Mailing Address 1800 34TH STREET SOUTH ST. PETERSBURG FL 33711 |
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| 3. Date Incorporated or Qualified 11/13/1995 | 3a. Date of Last Report |
| 4. FEI Number 59-334-0361 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|---|
| 2. Principal Place of Business 21 NO CHANGES Suite, Apt. #, etc. 22 SAME ADDRESS City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 |
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9. Name and Address of Current Registered Agent

SUTERA, JOE
1265 DARLINGTON OAK CIRCLE NE
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | |

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's signature required when reinstating) _____ Date: _____

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|-----------------------------------|-------------------------------|--------------------------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE <input type="checkbox"/> |
| | PD SUTERA, JOE | 1800 34TH STREET SOUTH | ST. PETERSBURG FL 33711 | |
| | VD MASTROLONARDO, GIUSEPPE | 1800 34TH STREET SOUTH | ST. PETERSBURG FL 33711 | |
| | STD SUTERA, VITA | 1800 34TH STREET SOUTH | ST. PETERSBURG FL 33711 | |
| | | | | DELETE <input type="checkbox"/> |
| | | | | DELETE <input type="checkbox"/> |
| | | | | DELETE <input type="checkbox"/> |
| | | | | DELETE <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|----------|---------|-------------------|--------------------|---|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
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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:  **JOE SUTERA** **6/5/96 (813) 327-1692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)