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

P9600007678 (1) DOCUMENT #

AFRO L'AQUILA, INC.

FILED May 11 1998 8:00am Secretary of State

712110 2	Trace in the					
Principal Place of Business		Mailing Address	Mailing Address			38 411 18318 3 1411 1838 1344 4881
806 N. DYER BLVD		606 N. DYER BLVD				
KISSIMMEE FL 34741 US		KISSIMMEE FL 34741 US	KISSIMMEE PL 34741 US		DO NOT WRITE IN TH	HIS SPACE
•		••			3. Date Incorporated or Qualified 01/16/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
The state of the s		26			59-3366780	Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.	h···-n		5. Certificate of Status Dosired	\$8.75 Additional Fee Required
22 City & State		City & State		O. Flanking Committee Financian		
├ ──┐		⊢ ¬ '	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip			8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes 🔏 No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	red Agent
SANTOS, PABLO J B1 Name						
125 DELAWARE WOODS CT				Street Addre	ess (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32824			63			
			63			
			84	City		85 Zip Code
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 I lorida. 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.						
2./21./44						
SIGNATURE Signature typed or printed numeral registered agent and tilled applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PT	☐ DELETE	1.1 TITLE	109	17/5	Change Addition
NAME	PANARO, GIACOMO		1.2 NAME	PA	WAROG IACOMO	
STREET ADDRESS	3121 B. BLUE HERON DR.		1.3 STREET	ADDRESS 3	2) B Brue Heron Dr.	
CITY-ST-ZIP	KISSIMMEE FL	DELETE	1.4 CITY - S 2.1 TITLE	I-ZIP	LISSIMMER, +1. 34+41	Change Addition
TITLE	FULGENZI, ANGELO		2.2 NAME		lange 1 Ares la	AL DINGINGS FROMITION
NAME STORET ADDRESS	3121 B. BLUE HERON DR.		2.3 STREET ADDRESS		NARO, GIACOMO DV. 21 8 Blue Heron DV. LISSIMMEE, 41. 34741 19eNZI, Angelo 121 B Blue Heron DI	,
STREET ADDRESS CITY-ST-ZIP	KISSIMMEE FL		2.3 STREET	T. 7IP	iwinamer 41. 3474	,
TITLE		DELETE	3.1 TITLE	1 2 1	1001100100	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	_		3.4 CITY-5	T-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T- ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	I - ZIP		Change Addition
TITLE		[] brrrt	6.2 NAME			المانيون بي
NAME STREET ADDRESS			6.3 STREET	ADDRESS		
1			6.4 CITY-S			
CITY-ST-ZIP	ertify that the information supplied w	ith this filing does not qualify for			Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the information

indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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, of or an attachment with an address.