SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

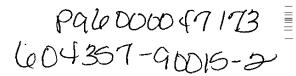
FILED Aug 11, 1999 8:00 am Secretary of State

08-11-1999 90015 002 ***150.00

P96000047173 1. Corporation Name MUSCARELLA INITIATIVES, INC. Mailing Address Principal Place of Business 4536 N. UNIVERSITY DRIVE 4536 N. UNIVERSITY DRIVE LAUDERHILL FL 33351 LAUDERHILL FL 33351 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/03/1996 2a, Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0670735 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes the current year 24 30 Intangible Personal Property. ___ Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MUSCARELLA, RONALD Street Address (P.O. Box Number is Not Acceptable) 82 4536 N. UNIVERSITY DRIVE LAUDERHILL FL 33351 83 84 City Zip Code 85 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) CR2E034 (5/99) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE DELETE Change Addition MUSCARELLA, RONALD M NAME 1.2 NAME 4536 N. UNIVERSITY DRIVE 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33351 1.4 CITY-ST-ZiP CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition MUSCARELLA, DOMENICA M 2.2 NAME NAME 4536 N. UNIVERSITY DRIVE STREET ADDRESS 2.3 STREET ADDRESS LAUDERHILL FL 33351 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE ___ Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE DELETE Change Addition 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 81 TITLE TITLE __ DELETE 6.2 NAME NAME STREET ADDRESS 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.

Muscarella Initiatives, Inc. 4536 North University Drive Lauderhill, Fl. 33351



July 24, 1999

Annual Report Filing Section Division of Corporations 409 East Gains ST. Tallahassee, FL. 32399

Re: Muscarella Initiatives, Inc. DOC # P96000047173

Dear Sir,

I have enclosed a check for payment of my annual report fees. I never received the initial notice or report normally sent. Thank you for your assistance.

Sincerely,

Bonald M. Muscarella
Ronald M. Muscarella

President