

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

FILED

Apr 24 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000069986 (3)

1. Corporation Name

SANTA LUCIA DI NAPOLI, INC.

Principal Place of Business

9763 W BROWARD BLVD
CENTRAL PARK PL
PLANTATION FL 33324

Mailing Address

15851 N WIND CIR
SUNRISE FL 33326-2114

3. Date Incorporated or Qualified

08/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

CIAMPA, ANGELO
9763 W BROWARD BLVD
CENTRAL PARK PL
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|------|----------------|-------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | CIAMPA, ANGELO | |
| 1.3 STREET ADDRESS | 9763 W. Broward Blvd. | |
| 1.4 CITY-ST-ZIP | Plantation, FL 33324 | |
| 2.1 TITLE | V/S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | CIAMPA, KAREN S. | |
| 2.3 STREET ADDRESS | 9763 W. Broward Blvd. | |
| 2.4 CITY-ST-ZIP | Plantation, FL 33324 | |
| 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: *Karen S. Ciampa* *Karen S. Ciampa* *4/15/97* *954-476-4588*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0200007

CR2E034 (9/96)