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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 12 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000081163**

1. Corporation Name
FRIUL CASSETTI, INC.

Principal Place of Business	Mailing Address
10233 NW 53 STREET SUNRISE FL 33351	3390 NW 168 ST. MIAMI FL 33056 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7700 NW 74 Ave	26 7700 NW 74 Ave
Suite, Apt. #, etc. 22 Unit 1	Suite, Apt. #, etc. 27 Unit 1
City & State 23 Medley, Florida	City & State 28 Medley, Florida
Zip / Country 24 33166 25 USA	Zip / Country 29 33166 30 USA

3. Date Incorporated or Qualified: 10/01/1996

4. FEI Number: 65-0719517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	11 TITLE	PS	☒ Change ☒ Addition
NAME	~~PETRUZZELLI, ANTONIO~~		12 NAME	Petruzzelli, Alexander	
STREET ADDRESS	~~16711 COLLINS AVE #1007~~		13 STREET ADDRESS	8004 NW 154 St. # 172	
CITY-ST-ZIP	~~N MIAMI BEACH FL 33160~~		14 CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	~~VTDS~~	☒ DELETE	21 TITLE	V	☐ Change ☒ Addition
NAME	~~DIPIETRO, MICHELE~~		22 NAME	Catarina, Gaty	
STREET ADDRESS	~~9474 N. UNIVERSITY DR. #512~~		23 STREET ADDRESS	636 NW 90 Terr	
CITY-ST-ZIP	~~SUNRISE FL 33351~~		24 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	~~VD~~	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	~~BEST, MAX~~		32 NAME	600002778386--3	
STREET ADDRESS	~~11620 NW 29 ST~~		33 STREET ADDRESS	-02/17/99--01063--025	
CITY-ST-ZIP	~~SUNRISE FL 33323~~		34 CITY-ST-ZIP	****150.00 ****150.00	
TITLE	~~D~~	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	~~VARUZZA, MARCO~~		42 NAME	600002778386--3	
STREET ADDRESS	~~16711 COLLINS AVE #1007UITE 202B~~		43 STREET ADDRESS	-02/17/99--01063--026	
CITY-ST-ZIP	~~N. MIAMI BEACH FL 33160~~		44 CITY-ST-ZIP	******8.75 ******8.75	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

2-11-99

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ Alexander Petruzzelli 2/8/99 (305) 883 0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #