

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

~~4998~~ 1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90182 033 \*\*\*158.75

DOCUMENT # P96000082210 (1)

1. Corporation Name

TORIELLO PASSARELLI, INC

Principal Place of Business

999 SOUTH BAYSHORE DR  
SUITE 908  
MIAMI FL 33131  
US

Mailing Address

999 SOUTH BAYSHORE DR  
SUITE 908  
MIAMI FL 33131  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number

APPLIED FOR 165-0713011

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 8611 N.W. 72ND STREET

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL.

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 8611 N.W. 72ND STREET

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL.

Zip

29 33166

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CANO R., ELIZABETH  
848 BRICKELL PLAZA STE. 1215  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name CANO R., ELIZABETH

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

8611 N.W. 72ND STREET

83

84 City

MIAMI

FL

85 Zip Code

33166

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 PS  
NAME CANO, ELIZABETH  
STREET ADDRESS 999 SOUTH BAYSHORE DR., STE 908  
CITY-ST-ZIP MIAMI FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE SECRETARY  
NAME MARTA FANY ZULUAGA  
STREET ADDRESS 8519 N.W. 72ND STREET  
CITY-ST-ZIP MIAMI, FL. 33166

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT  
1.2 NAME CANO, ELIZABETH  
1.3 STREET ADDRESS 5845 N.W. 112 COURT  
1.4 CITY-ST-ZIP MIAMI, FL. 33178

Change Addition

2.1 TITLE PRESIDENT  
2.2 NAME MARIO TORIELLO  
2.3 STREET ADDRESS 5845 N.W. 112 COURT  
2.4 CITY-ST-ZIP MIAMI, FL. 33178

Change Addition

3.1 TITLE TREASURER  
3.2 NAME CIARA A. CANO  
3.3 STREET ADDRESS 7855 S.W. 129 TERR  
3.4 CITY-ST-ZIP MIAMI, FL. 33156

Change Addition

4.1 TITLE SECRETARY  
4.2 NAME JUAN C. URIBE  
4.3 STREET ADDRESS 12136 ST. ANDREW'S PLACE #109  
4.4 CITY-ST-ZIP MIRAMAR, FL. 33025

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

(305) 594-9224

Date

Daytime Phone #

CR2E034 (5/98)