


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

FILED
Feb 16, 1999 8:00 am
Secretary of State

02-16-1999 90052 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000088638 1. Corporation Name VIA SOLFERINO ITALIAN FURNITURE, INC.			
Principal Place of Business 269 GIRALDA, SUITE 101 CORAL GABLES FL 33134 US		Mailing Address 269 GIRALDA, SUITE 101 CORAL GABLES FL 33134 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
9. Name and Address of Current Registered Agent HKE&F REGISTERED AGENT CORP. 2601 S. BAYSHORE DR., STE. 600 MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name SIMONA CIANCETTA 82 Street Address (P.O. Box Number is Not Acceptable) 20 ISLAND AVE., APT. 207 83 MIAMI BEACH, FL 33139 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 <i>[Signature]</i> DATE 03.04.1999			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME RAINALDI, BRUNO STREET ADDRESS 269 GIRALDA AVENUE CITY-ST-ZIP CORAL GABLES FL 33134 TITLE VD <input type="checkbox"/> DELETE NAME RIVA, SERGIO STREET ADDRESS 269 GIRALDA AVENUE CITY-ST-ZIP CORAL GABLES FL 33134 TITLE ST. <input type="checkbox"/> DELETE NAME SIMONA, CIANCETTA STREET ADDRESS 269 GIRALDA AVE. CITY-ST-ZIP CORAL GABLES FL 33134 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME CIANCETTA, SIMONA 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.02.1999

Date

Daytime Phone #

CR2E034 (1/98)