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07-19-2000 90002 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2000		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088638

1. Corporation Name

VIA SOLFERINO ITALIAN FURNITURE, INC.

Principal Place of Business

3930 N.E. 2 AVE. #105
MIAMI, FL 33137

Mailing Address

3930 N.E. 2 AVE. #105
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

65-0707792

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

True Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible +

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DR. STE. 800
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

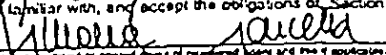
84 City

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



(NOTE: Registered Agent signature required when registering)

DATE 03.04.1999

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME RAINALDI, BRUNO
 1.3 STREET ADDRESS 3930 NE 2 AVE. SUITE 105
 1.4 CITY-ST-ZIP MIAMI, FL 33137

2.1 TITLE ☐ DELETE

2.2 NAME RIVA, SERGIO
 2.3 STREET ADDRESS 3930 NE 2 AVE. SUITE 105
 2.4 CITY-ST-ZIP MIAMI, FL 33137

3.1 TITLE ☐ DELETE

3.2 NAME SIMONA CIANCETTA
 3.3 STREET ADDRESS 3930 NE 2 AVE. SUITE 105
 3.4 CITY-ST-ZIP MIAMI, FL 33137

4.1 TITLE ☐ DELETE

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

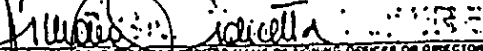
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



DATE 01.02.1999

Date

Daytime Phone #

SIGNATURE:



DATE 06.30.2000

DATE

DAYTIME PHONE

CR2E034 (1/98)

P96000088638

DOB68668

MEMBERS

AMERICAN INSTITUTE of Certified Public ACCOUNTANTS
FLORIDA INSTITUTE of Certified Public ACCOUNTANTS

DANIEL ARTY, C.P.A.
STANLEY D. COHN, C.P.A.
LESTER FEUER, C.P.A.
RALPH MAYA, C.P.A.
JOEL L. MOSKOWITS, C.P.A.
J. DEEDEE WEITHORN, C.P.A.

A R T Y
C O H N
F E U E R
& M A Y A
CERTIFIED PUBLIC
ACCOUNTANTS

June 29, 2000

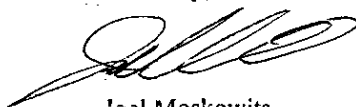
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed is a check for \$150.00 as requested by your office. Unfortunately we did not receive the 2000 Annual Report that was mailed in January.

If you have any questions please call me. Thank you.

Sincerely,



Joel Moskowitz