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PROFIT CORPORATION ANNUAL REPORT
2000

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

DOCUMENT # P96000088638

1. Corporation Name
VIA SOLFERINO ITALIAN FURNITURE, INC.

R

Principal Place of Business	Mailing Address
3930 N.E. 2 AVE. #105 MIAMI, FL 33137 US	3930 N.E. 2 AVE. #105 MIAMI, FL 33137 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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 Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. 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: Simona Ciancetta DATE: 03.04.1999
(Signature, typed or printed name of registered agent and title of officer.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAINALDI, BRUNO 3930 NE 2 AVE. SUITE 105 MIAMI, FL 33137 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIVA, SERGIO 3930 NE 2 AVE. SUITE 105 MIAMI, FL 33137 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SIMONA, CIANCETTA 3930 NE 2 AVE. SUITE 105 MIAMI, FL 33137 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition CIANCETTA, SIMONA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Simona Ciancetta 01.02.1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE: Simona Ciancetta 06.30.2000
DATE — DAYTIME PHONE

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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.

ARTY
COHN
FEUER
& MAYA
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 Moskowits

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