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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092854 (4)

OLD WORLD FRENCH POLISHING, INC.

Principal Place of Business

Mailing Address

FILED
May 06 1998 8:00am
Secretary of State



477 WEST DEARBORN STREET 477 WEST DEARBORN STREET ENGLEWOOD FL \$4223 ENGLEWOOD FL 34223		DO NOT WRITE	IN THIS SPACE			
				3. Date Incorporated or Qualified		
6. Principal Oliver of Project	TA: NA III			11/13/1996		
22. Principal Place of Businoss 21 485 W. DEARBORN 37 26 485 W. DEARBOR			000185	4. FEI Number	<u> '</u>	Applied For
	I I	HIC CO	DIEIVSI	65-0706771		Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	1 1 '	Additional Required
City & State 23 ENGLE WOOD FL	Cily & State 28 ENGLEWOOD FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country 24 34223 25 Country 25 Country	Zip 29 34223	Country 30	/	This corporation owes or has pair Personal Property Tax due June		ntangible
9, Name and Address of Current	Registered Agent			10. Name and Address of New Rec	Istered Agent	
AMERILAWYER CHARTERED		81	Name			
343 ALMERIA AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134		83				
		84	City		[A=1 =::	0-1-
			,			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 Stuch 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 again	and little if applicable. (NOTE:	Registered Age	ont signature required	d when reinstating)	DATE	
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE PSD	☐ DELET e	1.1 TITLE			Change	☐ Addition
NAME VALOTTI, DIEGO		1.2 NAME				-
STREET ADDRESS 477 WEST DEARBORN STREE	Ť	1.3 STREET	ADDRESS			[8
CITY-ST-ZIP ENGLEWOOD FL 34223		1,4 CHY-S	ST-ZIP] }
TITLE VTD	DELETE	2.1 TITLE			Change	Addition C
NAME BASETTI, TIZIANA		2.2 NAME				
STREET ADDRESS 477 WEST DEARBORN STREET 2.3 ST		2.3 STREET	ADDRESS			
CITY-ST-ZIP ENGLEWOOD FL 34223	ENGLEWOOD FL 34223		ST - ZIP			
TITLE	DELETE 3.1 TH				Change	Addition
NAME		3.2 NAME	1			
STREET ADDRESS		3.3 STREET	ADDRESS			
CITY-ST-ZIP		3.4 CITY-5	ST-ZIP			
TITLE	DELETE	4.1 TITLE			☐ Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET	ADDRESS			
CITY-ST-ZIP		4.4 CITY-S	T - 71P			
TITLE	DELETE 5.1 TITL				Change	Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET	ADDRESS			
CITY-ST-ZIP		5.4 CITY-S				
TITLE	DELETE	6.1 TITLE			Change	Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET	ADDRESS			1
CITY-ST-ZIP		6.4 CITY - S	ľ			
14. I hereby certify that the information supplied with	this filing does not qualify for			ection 119.07(3)(i), Florida Statutes 1 fr	irther certify that the	e information

• I nereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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.

CICALATUDE

Niedo

4-28-199

(9411/173-4042