


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

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000096341 (8) 1. Corporation Name THE ORIGINAL LA TORRETTA, INC.					
Principal Place of Business 7050 S.W. 41 PLACE DAVIE FL 33314			Mailing Address 7050 S.W. 41 PLACE DAVIE FL 33314		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 1352 Weston RD. Suite, Apt. #, etc. 22		2a. Mailing Address 26 1352 Weston RD. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 11/26/1996	
23 Weston, FLORIDA City & State 24 33326 Zip 25 U.S.A. Country		28 Weston, Florida City & State 29 33326 Zip 30 U.S.A. Country		4. FEI Number 65-0709599 Applied For Not Applicable	
9. Name and Address of Current Registered Agent GIULIANTI, STACEY A ESQ. 8751 WEST ROWARD BLVD. SUITE 408 PLANTATION FL 33324				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	NAME		1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	RUSO, FABRIZIO	CITY-ST-ZIP		1.2 NAME	
	% 7050 SW 41 PLACE			1.3 STREET ADDRESS	
	DAVIE FL 33314			1.4 CITY-ST-ZIP	
TITLE	VSD	NAME		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	RUSO, VITA	CITY-ST-ZIP		2.2 NAME	
	% 7050 SW 41 PLACE			2.3 STREET ADDRESS	
	DAVIE FL 33314			2.4 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		CITY-ST-ZIP		3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		CITY-ST-ZIP		4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		CITY-ST-ZIP		5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		CITY-ST-ZIP		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)(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:

CP2E034 (10/97)