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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

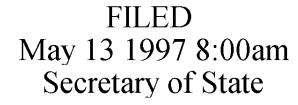
1997

DOCUMENT # P96000099626 (9)

VECCHIA NAPOLI, INC.

Principal Place of Business

Mailing Address





519 LAKE AVER ORLANDO FL 3			519 LAKE AVENUE ORLANDO FL 32801-3912										
									Date Incorporated or Qualified     12/10/1996  3a. Date of Last Report				
· ·	lace of Business	<del> </del>	2a. Mailing Address				4.	FEI Number	) ">		A	pplied For	
Suite, Apt. #, etc.			26 Suite	Suite, Apt. #, etc.					59-341609	<u></u>	· · · · · · · · · · · · · · · · · · ·		lot Applicable
22	# <sub>1</sub> O(O.	h~ ~₁	27				5.	Certificate of Status Dosi	red		•	Additional Required	
City & State	6		City & State				6.	Election Campaign Finan	cina			May Bo	
23				28					Trust Fund Contribution				to Fees
Zip 24	25	Country	7ip	~			8.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
24	Agent	[30]			 10.	10. Name and Address of New Registered Agent							
SAL1	TSMAN, ROBE	RT P				81	Name				<b>.</b>		
222 WEST COMSTOCK AVENUE						82 Street Address (P.O. Box Number is Not Acceptable)				(o)			
SUITE 210						83							
₩M	TER PARK FL												
						84	City				FL	<b>85</b> Zip	Codo
11. Pursuant t	to the provisions	of Sections 607.05	02 and 607.150	08. Florida Statu	les, the a	hove	-named c	orporatio	n submits this statement for	or the n	FL urpose of		ite rogislored
office or re agent. I at	egistered agent m familiar with,	, or both, in the Sta and accept the obli	le of Florida. Su gations of, Sect	ch change was ion 607.0505. F	authorize lorida Sta	ed by Jules	the corpo	ration's t	n submits this statement fo poard of directors. I hereb	y accep	t the appo	intrnent a	s registered
SIGNATURE	·		•										
	Signature, typed or pe	rinled nanio of registered a				d Age	nt signature re				DATE		
TITLE	D	OFFICERS A	ND DIRECTORS	DELETE	13.		T-		ADDITIONS/CHANGES 10	OFFIC	FRS AND		(
NAME	MARTORELL	I. ARMANDO		L tallete	1.11						l	Change	L. J Addition
STREET ADDRESS	519 LAKE A						ADDRESS						
CITY-ST-ZIP	ORLANDO F	L 32801				IIY-SI							
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NAME					22 N	IAME	İ						
STREET ADORESS					23 S	TREFT	ADDRESS						
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NAME				□ bttivt	3.2 N							Change	L_J Addition
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NAME				L) DULL IL	5.1 T 5.2 N						ι	Change	Addition
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STREET ADDRESS					6.3 S	TRECT	ADDRESS						
CITY-ST-ZIP	ov certify that the	e information econi	od with this file.	ri doge not oval		11Y - S1		lod in Ca	ction 119 07(3)(i) Horida	Ctototo	ـ دانين		

I do hereby certify that the information supplied with this filling 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 suppliemental 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 that order.

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