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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000068
1. Corporation Name
OSTERIA LA FONTANA, INC.

Principal Place of Business Mailing Address
7601 E. TREASURE DRIVE APT 1815
N. BAY VILLAGE, FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 1-2-97	4. FET Number 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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIAN DINA
7601 E. TREASURE DR. APT 1815
N. BAY VILLAGE, FL - 33141

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature of registered agent or authorized officer and for application

(NOTE: Registered Agent signature required when changing)

DATE

MAR. 25 / 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
NAME	CHRISTIAN A. DINA	13 STREET ADDRESS	14 CITY - ST - ZIP
STREET ADDRESS	7601 E. TREASURE DR. APT. 1815	21 TITLE	22 NAME
CITY - ST - ZIP	NORTH BAY VILLAGE FL - 33141	23 STREET ADDRESS	24 CITY - ST - ZIP
TITLE	NAME	31 TITLE	32 NAME
NAME		33 STREET ADDRESS	34 CITY - ST - ZIP
STREET ADDRESS		41 TITLE	42 NAME
CITY - ST - ZIP		43 STREET ADDRESS	44 CITY - ST - ZIP
TITLE	NAME	51 TITLE	52 NAME
NAME		53 STREET ADDRESS	54 CITY - ST - ZIP
STREET ADDRESS		61 TITLE	62 NAME
CITY - ST - ZIP		63 STREET ADDRESS	64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TITLE OF AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR

PRS.

MAR. 25 / 1998

CR2E034 (10/97)