

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

FILED
May 18 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 # P97000015856 (2)

1. Corporation Name
ITALIAN SUPPLIES, INC.

Principal Place of Business
9300 SOUTH DADELAND BLVD.
SUITE 406
MIAMI FL 33156

Mailing Address
9300 SOUTH DADELAND BLVD.
SUITE 406
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1997	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0741200	Applied For Not Applicable
25. Zip	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KAPLAN, LINDA M 9300 SOUTH DADELAND BLVD. SUITE 406 MIAMI FL 33156				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. Zip Code	
				85. State	

9. Name and Address of Current Registered Agent

KAPLAN, LINDA M
9300 SOUTH DADELAND BLVD.
SUITE 406
MIAMI FL 33156

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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, typed or printed name of registered agent, if applicable

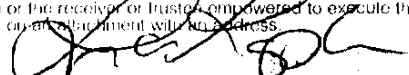
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLUSO, G.	1.2 NAME	
STREET ADDRESS	VIA VALLERINO, 10	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANREMO 18038, ITALY OC	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLUSO, MICHELA	2.2 NAME	
STREET ADDRESS	1101 STANFORD DRIVE, PAT #664	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE	LINDA M. KAPLAN (D)	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9300 S. DADELAND BLVD.	3.2 NAME	
STREET ADDRESS	MIAMI, FL. 33156	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with my address.

SIGNATURE:



4/30/98 (205) 670-7665

CR2E034 (10/97)