


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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90054 003 ***158.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000016411

1. Corporation Name
LA DOLCE VITA CONSORTIUM, INC.

| | |
|---|---|
| Principal Place of Business 9709 NW 41 STREET #101 MIAMI FL 33178 | Mailing Address 9709 NW 41 STREET #101 MIAMI FL 33178 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 02/20/1997 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0738289 | |
| 5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Box 720057 Suite, Apt. #, etc. | 2a. Mailing Address 26 Box 720057 Suite, Apt. #, etc. |
| 22 AVENUE OF THE AMERICAS City & State | 28 MIAMI FL City & State |
| 23 MIAMI FL Zip Country | 29 33172 USA Zip Country |
| 24 33172 | 30 USA |

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|---|--|
| 9. Name and Address of Current Registered Agent LIBERTI, T.R. 9709 NW 41 STREET #101 MIAMI FL 33178 | 10. Name and Address of New Registered Agent 81 Name ALBERTO BELLISSIMO 82 Street Address (P.O. Box Number is Not Acceptable) Box 720057 83 AVENUE OF THE AMERICAS 84 City MIAMI FL 85 Zip Code 33172 |
|---|--|

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 *Alberto Bellissimo* DATE 1/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIBERTI, T.R. | 1.2 NAME | Theodore Roosevelt |
| STREET ADDRESS | 9709 NW 41 STREET #101 | 1.3 STREET ADDRESS | Box 720057 Ave of AMERICAS |
| CITY-ST-ZIP | MIAMI FL 33178 | 1.4 CITY-ST-ZIP | MIAMI FL 33172 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIBERTI, S.E. | 2.2 NAME | SONIA E. CARRON |
| STREET ADDRESS | 9709 NW 41 STREET #101 | 2.3 STREET ADDRESS | Box 720057 Ave of The AMERICAS |
| CITY-ST-ZIP | MIAMI FL 33178 | 2.4 CITY-ST-ZIP | MIAMI FL 33172 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | ALBERTO BELLISSIMO |
| STREET ADDRESS | | 3.3 STREET ADDRESS | Box 720057 Avenue of The AMERICAS |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | MIAMI FL 33172 |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Alberto Bellissimo* DATE 01/20/99 305-591-1087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)