

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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000022582 (5)**  
 1. Corporation Name  
**IRIS NEW VENTURES, INC.**



Principal Place of Business <b>2405 UNIVERSITY DR.                  CORAL SPRINGS FL 33065</b>	Mailing Address <b>2405 UNIVERSITY DR.                  CORAL SPRINGS FL 33065</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 5810 NE 19TH TERR.</b>		2a. Mailing Address <b>26 5810 NE 19TH TERR.</b>		3. Date Incorporated or Qualified <b>03/12/1997</b>	4. FEI Number <b>65-0812333</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State <b>23 FT. LAUDERDALE, FL</b>	27	City & State <b>28 FT. LAUDERDALE, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip <b>33308</b>	25	Country <b>USA</b>	29	Zip <b>33308</b>	30	Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>FILINGS, INC.                  3732 N.W. 16TH STREET                  FT. LAUDERDALE FL 33311-4132</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				<b>FL</b>		85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAMPALONI, DANILO</b>	1.2 NAME	
STREET ADDRESS	<b>2405 UNIVERSITY DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTORE, MAURIZIO</b>	2.2 NAME	
STREET ADDRESS	<b>APT. 201, 3485 PINEWALK DR., N.</b>	2.3 STREET ADDRESS	<b>5810 NE 19TH TERR.</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAMPALONI, ANGELO</b>	3.2 NAME	
STREET ADDRESS	<b>PIAZZALE APPENNINI 11, 63018 PORT S.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELPIDIO (AP), ITALY</b>	3.4 CITY-ST-ZIP	
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

SIGNATURE: \_\_\_\_\_ DATE: **03/12/1998**

CFR2E034 (10/97)