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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031878 (6)

ITALIA CLASICA, INC.

Principal Place of Business		Mailing Address		***************************************
6772 W FLAGLER ST		6772 W FLAGLER ST		
MIAMI FL 34144		MIAMI FL 34144		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				04/08/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21	_	26		05-075 8866 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	····	5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Curi		30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
LAN	· <del></del>	on Hogisteres Agont	81 Name	10. Tallio with Hadibas of Hor Hogistolou Agolic
	OBLOCK, HENRY M			
9130 \$ DADELAND BLVD SUITE 1628			82 Street Ad	kiress (P.O. Box Number is Not Acceptable)
	MI FL 33156		83	
i in	umi FL 33130			
			84 City	FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-named co	progration 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	Signature, typed or printed name of registered	agert and tite if appt cable (NO1E:	Registered Agent signature req	quired when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	LETTIERE, FRANK		1.2 NAME	
STREET ADDRESS	6772 W FLAGLER ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 34144	DELETE	1.4 CITY - ST - ZIP	
TITLE	D CARDOTTEA EDWARD	DELETE	2.1 TITLE	Change Addition
NAME	CAPPETTA, EDWARD		2.2 NAME	
STREET ADDRESS	6772 W FLAGLER ST Miami Fl 34144		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	D D	DELETE	2. 4 C(TY-ST-ZIP 3.1 TITLE	Change Addition
NAME	SIXTO, EDDIE	[	3.2 NAME	
STREET ADDRESS	6772 W FLAGLER ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 34144		3.4. CITY-ST-ZIP	İ
TITLE	In will 1 C O 1 1 1 1	DELETE	4.1 TITLE	Change Addition
NAME		<del></del>	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
0/7/ 07 7/0			B	i i

14. Thereby 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.

EDDIE SIXTO

4-15-98

(305) 267-2609