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FILED

Mar 23 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 # P97000045178 (5)

1. Corporation Name
ITALIANA OPTICAL CORP.

Principal Place of Business

9936 NOB HILL PL
SUNRISE FL 33351

Mailing Address

9936 NOB HILL PL
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 7098 BONITA DRIVE
Suite, Apt. #, etc.

27 City & State
28 MIAMI BEACH, FL

29 Zip Country
30 33141 US

4. FEI Number

65-0760919

5. Certificate of Status Desired

xx

Applied For
Not Applicable
\$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

9. Name and Address of Current Registered Agent

GUTIERREZ, MARIO
1133 BLARRITZ DR
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

□ DELETE

TITLE D
NAME ALBANESI, MABEL
STREET ADDRESS 9936 NOB HILL PL
CITY-ST-ZIP SUNRISE FL 33351

TITLE D
NAME CONSENTINO, MARIANO
STREET ADDRESS 9936 NOB HILL PL
CITY-ST-ZIP SUNRISE FL 33351

TITLE D
NAME ALBANESI, GRACIANA E
STREET ADDRESS 9936 NOB HILL PL
CITY-ST-ZIP SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

□ Change

☒ Addition

1.1 TITLE DPT
1.2 NAME ALBANESI, MABEL
1.3 STREET ADDRESS 9936 NOB HILL PL
1.4 CITY-ST-ZIP SUNRISE, FL 33351

2.1 TITLE DVP
2.2 NAME COSENTINO, MARIANO
2.3 STREET ADDRESS 9936 NOB HILL PL
2.4 CITY-ST-ZIP SUNRISE, FL 33351

3.1 TITLE DS
3.2 NAME ALBANESI, GRACIANA E
3.3 STREET ADDRESS 9936 NOB HILL PL
3.4 CITY-ST-ZIP SUNRISE, FL 33351

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature] PRESIDENTE

03.16.98

(954) 748-3972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0302738

CR2E034 (10/97)