

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000045178

1. Corporation Name

ITALIANA OPTICAL CORP.

Principal Place of Business

9936 NOB HILL PL  
SUNRISE FL 33351

Mailing Address

7096 BONITA DR  
MIAMI BEACH FL 33141  
US

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90059 031 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

65-0760919

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 7220 NW 36 STREET #605

2a. Mailing Address

26 7220 NW 36TH STREET

Suite, Apt. #, etc.

22 #605

Suite, Apt. #, etc.

27 #605

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33166

Country

25 USA

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

GUTIERREZ, MARIO  
1133 BIARRITZ 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)

02/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE DPT ☒ DELETE

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

TITLE DVP ☒ DELETE

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

TITLE DS ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME D MABEL ALBANESI  
1.3 STREET ADDRESS 9621 FONTAINEBLEAU BLVD. # 210  
1.4 CITY-ST-ZIP MIAMI, FL 33172

2.1 TITLE VICE-PRESIDENT ☐ Change ☐ Addition

2.2 NAME D MARIANO CONSENTINO  
2.3 STREET ADDRESS 9621 FONTAINEBLEAU BLVD. #210  
2.4 CITY-ST-ZIP MIAMI, FL 33172

3.1 TITLE SECRETARY ☐ Change ☐ Addition

3.2 NAME D GRACIANA E. ALBANESI  
3.3 STREET ADDRESS 9621 FONTAINEBLEAU BLVD. #210  
3.4 CITY-ST-ZIP MIAMI, FL 33172

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/99 (305) 640-9960

Date

Daytime Phone #

CR2E034 (11/98)