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PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

Sandra B. Mortham

1**9**98 P97000067057 (4) DOCUMENT

FILED Jun 24 1998 8:00am Secretary of State

MAGGIO VENTI, INC. Principal Place of Business Mailing Address 1996 SW FIRST STREET 1996 SW FIRST STREET MIAM! FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Žιρ Ζıp Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VALERO, LISBETH 15476 NW 77 COURT 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 615 83 MIAMI LAKES FL 33016 84 City 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE NAME VALERO, LISBETH 1.2 NAME 15476 NW 77 CT, STE 615 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE HEVIA, TATIANA NAME 2.2 NAME 15476 NW 77 CT, STE 615 STREET ADDRESS 2.3 STHEET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELLIE Change Addition TITLE 3.1 DILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-7/P DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREE1 ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(1Y - S1 - Z)P CITY-ST-ZIP Addition DITE Change TITLE 61TITLE 00000025727234 -9675798-0198-001 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS 4×*15(), (()) 6.4 City - ST - ZIP CITY-ST-ZIP

14. I hereby certify that the inform indicated on this annual repo-officer or director of the corp does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nt is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an e empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if the

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