

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000080696 (2)**

1. Corporation Name
DONATELLA IMPORTS COMPANY

Principal Place of Business
**4141 NE 2ND AVE., SUITE 106B
MIAMI FL 33137**

Mailing Address
**4141 NE 2ND AVE., SUITE 106B
MIAMI FL 33137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3814 NE MIAMI J.		2a. Mailing Address 26 720 N.E. 69 ST		3. Date Incorporated or Qualified 09/16/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 24W		4. FEI Number 65-0784000	
City & State 23 MIAMI, FL		City & State 28 MIAMI, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33137	Country 25 USA	Zip 29 33138	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent RAMIREZ, HUGO 4141 NE 2ND AVE., SUITE 106B MIAMI FL 33137				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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.					

9. Name and Address of Current Registered Agent

**RAMIREZ, HUGO
4141 NE 2ND AVE., SUITE 106B
MIAMI FL 33137**

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

SIGNATURE

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

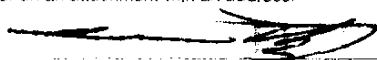
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JUAN CARLOS ALVAREZ MIRANDA			1.2 NAME			
STREET ADDRESS	720 NE 69 ST 24W			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33138			1.4 CITY-ST-ZIP			
TITLE	SECRETARY	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM HITZ			2.2 NAME			
STREET ADDRESS	4141 N.E. 2ND AVE #106B			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33137			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				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:



4-15-98 (305) 438-7555

CR2E034 (10/97)