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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093473 (1)

PICOLLA VENEZZIA, INC.

Pr

FILED Mar 26 1998 8:00am Secretary of State

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Principal Place of Business		Mailing Address				•	
2642 S MAGUIRE RD OCOEE FL 34761		2642 S MAGUIRE RD OCOEE FL 34761			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 10/24/1997		
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 3478 762 Applied F		
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required	al	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country25	Zip			8. This corporation owes or has paid the current year intapgible Personal Property Tax due June 30. Yes X No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
GF	reto, beverly k			81	Name		
	142 S MAGUIRE RD COEE FL 34761		82 Street Ad		Street Address (P.O. Box Number is Not Acceptable)		
•				83			
				84	City FL 85 Zip Code		
office or	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	itate of Florida. Such change v	was authorized	i by i	ve-named corporation submits this statement for the purpose of changing its register by the corporation's board of directors. I hereby accept the appointment as register is.	ered red	

Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change NAME GRETO, BEVERLY K 1.2 NAME STREET ADDRESS 2642 S MAGUIRE RD 1.3 STREET ADDRESS OCOEE FL 34761 CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

6.3 STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

SIGNATURE