## 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 # P97000096441 (5)

**BUCCI AMERICAS, INC.** 

Principal Place of Business

300 N.E. 15 AVE. #3

Mailing Address

300 N.E. 15 AVE. #3

## **FILED** Jan 22 1998 8:00am Secretary of State



FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 \_\_\_ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRICE, IRA. B 9100 S. DADELAND BLVD.. PH-1#1701 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33156** 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 11 TITLE TITLE HAAS, LUCY NAME 1.2 NAME CR2E034 300 N.E. 15 AVE. #3 STREET ADDRESS 1.3 STREFT ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE HAAS, JOHN P 2.2 NAME NAME 300 N.E. 15 AVE. #3 STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33301 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 CDY-ST-7IP DELETE Change TITLE 4.1 TITLE Addition NAME 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 Change Addition TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-ST-ZIP

14. Thereby 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 corat alignify 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 chapter or on an attachment with an address. MAP HOUSING/OBLOGLESCUA