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

**PROFIT** CORPORATION ANNUAL REPORT

1999

BELLUCCI'S USA, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700096584

# Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90119 031 \*\*\*158.75

FILED

### A CONTROL OF THE PURISH CONTROL CONTRO

Principal Place	of Business	Mailing Address			- \		<b>5</b> .			
5106 LA MANCH ORLANDO FL 32		5106 LA MANCHA CT ORLANDO FL 32822			•		DO NOT WRITE IN TH	IIS SPACE		
						3.	Date Incorporated or Qualifed 11/10/1997			
2. Principal Pla	ice of Business	2a. Mailing Address				4.	FEI Number		Applied For	
1		26					59-3480819		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	,			6.	Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
Zip	Country	Zip 29	Gount 30	гу		8.	This corporation owes the current year Personal Property Tax.	Intangible Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
5106	A, MARINA E LA MANCHA CT		8	2 5	Name Street Addres	s (P	.O. Box Number is Not Acceptable)			
ORIANDO FL 32822				-						

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.

84 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE MURA, MARINA E 1.2 NAME NAME 5106 LA MANCHA CT 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32822 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 11.

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:

CR2E034.(11/98)

85 Zip Code