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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102609

1. Corporation Name
BELLITALIA U.S.A. CORP.



Principal Place of Business
~~200 S. BISCAYNE BLVD.~~
~~SUITE 4000~~
~~MIAMI FL 33131~~

Mailing Address
~~200 S. BISCAYNE BLVD.~~
~~SUITE 4000~~
~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 10540 N.W. 26th. Street
Suite, Apt. #, etc.
22 Suite # 103
City & State
23 Miami FL.
Zip Country
24 33172 25 USA

2a. Mailing Address
26 10540 N.W. 26th. Street
Suite, Apt. #, etc.
27 Suite # 103
City & State
28 MIAMI FL.
Zip Country
29 33172 30 USA

3. Date Incorporated or Qualified
12/05/1997

4. FEI Number
65-0822816
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~PENINSULA REGISTERED AGENTS, INC.~~
~~200 S. BISCAYNE BLVD.~~
~~SUITE 4000~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name
R. LLAURADO & ASSOCIATES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
10540 N.W. 26th. Street Suite # 103
83
84 City
MIAMI FL 85 Zip Code
33172

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

R. LLAURADO

2-9-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-------------------|----------------------------------|---------------------|--------------------------|
| P | LUGER, MARCOS | 2121 NORTH OCEAN BLVD. #908-WEST | BOCA RATON FL 33431 | <input type="checkbox"/> |
| S | DE LUGER, MARITZA | 2121 NORTH OCEAN BLVD. #908-WEST | BOCA RATON FL 33431 | <input type="checkbox"/> |
| T | LUGER, NIKOLA | 2121 NORTH OCEAN BLVD. #908-WEST | BOCA RATON FL 33431 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-5920394

2-9-99

Date

Signature Phone #

CR2E034 (11/98)