

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -8 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069640
1. Corporation Name

GAMBACORTA ENTERTAINMENT CORP.

Principal Place of Business Mailing Address
782 NW 42nd Ave. Ste. 428 782 NW 42nd Ave. Ste. 428
Miami, Fl. 33126 Miami, Fl. 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/11/98	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0857088	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Luigi Gambacorta
782 NW 42nd Avenue Ste. 428
Miami, Fl. 33126

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Luigi Gambacorta	
STREET ADDRESS	782 NW 42nd Avenue Ste. 428	
CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Noel R. Puig	
STREET ADDRESS	782 NW 42nd Avenue Ste. 428	
CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Noel R. Puig	
STREET ADDRESS	782 NW 42nd Avenue Ste. 428	
CITY-ST-ZIP	Miami, Fl. 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

12/1/99 (307) 442-9714
Date Daytime Phone

CR2034 (10/97)



*Gambacorta Entertainment Corp.
782 NW 42nd Avenue Suite 428
Miami, FL 33126
Phone: (305) 442-9714
Fax: (305) 448-4391*

December 6th, 1999

Annual Reports Filings
Division of Corporation
P. O. Box. 6327
Tallahassee, FL 32314

Re: Gambacorta Entertainment Corp.
Document: P98000069640
Annual Report 1999

Gentleman:


The Annual Report form for the year 1999 was never received by our company. We moved from our old address, 335 Ocean Drive # 218, Miami Beach, FL 33139 to 782 NW 42nd Avenue, Suite 428, Miami, FL 33126.

We are sending the Annual Report with the check in the amount of \$ 150.00. Please abate any penalties since we never received the form.

Thanking you for your cooperation in this matter.

Cordially,

Gambacorta Entertainment Corp


Luigi Gambacorta
President

LG/rr