

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

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90021 041 ***558.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # *P98000088713*
 1. Corporation Name
 Gelateria Italiana, Inc.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 14154 SW 93rd Lane
 Miami, Florida 33186

Mailing Address
 same

3. Date Incorporated or Qualified
10/16/98

2. Principal Place of Business
 3421 SW 88th Court
 Suite, Apt. #, etc.
 City & State
Miami, Florida
 Zip Country
33165 Dade

2a. Mailing Address
 26 Same
 Suite, Apt. #, etc.
 City & State
 27
28

29 Zip Country
30

4. FEI Number 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 Bruno Sciacca
 14154 SW 93rd Lane
 Miami, Florida 33186

10. Name and Address of New Registered Agent
 81 Name **Bruno Sciacca**
 82 Street Address (P.O. Box Number is Not Acceptable)
3421 SW 88th Court
 83
 84 City **Miami** **FL** 85 Zip Code **33165**

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 *Bruno Sciacca M.L.*
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 | Bruno Sciacca | |
| STREET ADDRESS | 14154 SW 93rd Lane | |
| CITY-ST-ZIP | Miami, Florida 33186 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Bruno Sciacca | |
| 1.3 STREET ADDRESS | 3421 SW 88th Court | |
| 1.4 CITY-ST-ZIP | Miami, Florida 33165 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: *Bruno Sciacca M.L.* (305) 559-1733
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2034 (11/98)