

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90004 014 ***550.00

DOCUMENT # P98000099336

Corporation Name
PUGLIA U.S.A., INC.

Principal Place of Business

122 S. YOUNG CIRCLE
HOLLYWOOD FL 33020

Mailing Address

1822 S. YOUNG CIRCLE
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0900354	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FARELLA, LORENZO 1822 S. YOUNG CIRCLE HOLLYWOOD FL 33020				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

I, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME	2. ADDRESS	1.1 TITLE	1.2 NAME		
3. CITY-STATE-ZIP		1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP		
4. NAME		2.1 TITLE	2.2 NAME		
5. ADDRESS		2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP		
6. CITY-STATE-ZIP		3.1 TITLE	3.2 NAME		
7. NAME		3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP		
8. ADDRESS		4.1 TITLE	4.2 NAME		
9. CITY-STATE-ZIP		4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP		
10. NAME		5.1 TITLE	5.2 NAME		
11. ADDRESS		5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP		
12. CITY-STATE-ZIP		6.1 TITLE	6.2 NAME		
		6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP		

I, 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 REQUIRED 08-24-99 934-923-1055

CR2E034 (11/98)