

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

DOCUMENT #

P98000103057

1. Corporation Name

ITALBRANDS TRADING, INC.

AMENDED REPORT
FILED

99 MAY 11 PM 6:08

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2750 N.W. 84th Avenue
Miami, Florida 33122

Mailing Address

2 S. Biscayne Blvd.
Suite 3400
Miami, Florida 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/10/1998

4. FEI Number

65-0886818

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

Valdes-Fauli Corporate Services, Inc.
2 S. Biscayne Boulevard
Suite 3400
Miami, Florida 33131

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 D/P ☐ DELETE

NAME Durante, Maurizio
STREET ADDRESS 2750 N.W. 84th Avenue
CITY-ST-ZIP Miami, Florida 33122

TITLE T ☐ DELETE

NAME Sosa, Yanira Rodriguez
STREET ADDRESS 2750 N.W. 84th Avenue
CITY-ST-ZIP Miami, Florida 33122

TITLE S ☐ DELETE

NAME Valdes-Fauli, Raul J.
STREET ADDRESS 2 S. Biscayne Blvd., Suite 3400
CITY-ST-ZIP Miami, Florida 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/V ☐ Change ☒ Addition

12 NAME Mendez Mendez, Carlos Felipe
13 STREET ADDRESS 2750 N.W. 84th Avenue
14 CITY-ST-ZIP Miami, Florida 33122

21 TITLE ☐ Change ☐ Addition

22 NAME 100002881061-1
23 STREET ADDRESS -05/20/99-01049-012
24 CITY-ST-ZIP *****61.25 *****61.25

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Maurizio Durante

5/10/99

CR2E034 (11/98)